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A Portrait of Seniors in Canada

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A Portrait of Seniors in Canada

2006

By Martin Turcotte and Grant Schellenberg

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Introduction

Aging of the population is probably one of the most discussed and debated subjects in Canada today. While some analysts forecast the worst in terms of costs to public services and labour market shortages, others argue that Canada is well-equipped to face this social and demographic phenomenon – and that people shouldn't worry that much about the growing percentage of seniors in the population. (For an introduction to these debates, see for example Chapell et al., 2003; Cheal et al. 2002; Gee, 2000).

Some of the chapters in “A Portrait of Seniors in Canada” will provide information that will feed these debates and discussions. However, the objective of this publication is not to determine whether Canadians should or should not worry about an aging society. This report is mainly about the situation of the current generation of seniors, as full-fledged members of society. Specifically, the goal of this report is to draw an up-to-date portrait of the general well-being of seniors, in absolute terms, in comparison with previous cohorts of seniors and in comparison with persons of younger ages.¹

Several challenges associated with portraying the general well-being of seniors should be noted. Firstly the population of seniors, i.e. the population of individuals aged 65 and over, is a very heterogeneous population in terms of health status, cultural origins, financial situations, living arrangements, and so on. This reality necessarily imposes some simplifications and generalizations when discussing the well-being of seniors as a group. Secondly, there are no consensual definitions of concepts such as well-being and wellness; therefore, there is no consensus either on how to measure or to quantify it. What is well-being? What contributes to it? Is health more or less important to well-being than other factors like financial security or social inclusion? What about other factors? More generally, is it possible to determine, from an external point of view, that the “level” of wellness of an individual or a group of persons is greater than that of another one?

This report will not provide answers to these questions. However, it will try to put together many pieces of the puzzle, in order to provide the most complete and the most accurate portrait of seniors’ well-being as possible. This introduction sets the stage by explaining the conceptual framework and the definitions chosen to guide the analysis and the organization of this book.

To be or not to be a senior?

There are ongoing debates about the definition of “senior”. According to the Oxford Canadian Dictionary, a senior citizen is “an elderly person, especially a person over 65”. And an elderly is, according to the same reference source, “rather old; past middle age”.

These definitions, not so precise but often taken for granted, can naturally be contested. Some authors argue that since life expectancy is now about 80 years and that many persons outlive that age, 65 years old cannot be considered as “old” anymore (e.g. Posner, 1995). Given that the “golden years” has a very different meaning than it had just 30 years ago, some argue that the whole concept should be redefined. For example, Denton and Spencer (2002) proposed that the population of seniors could be delimited by using a certain number of years *before* death, instead of using 65 years and older as the standard marker for old age. The age at which people become seniors would then be determined by life expectancy at a particular moment.

Trying to find objective definitions of “old”, “senior” or “elderly” is unrealistic. The new definitions proposed by experts are not getting consensual approval at the moment. For the purpose of this report, the usual threshold of 65 years old was therefore chosen to delimit the population of seniors. While this choice has some limitations, it has many advantages.

First, using the age marker of 65 is probably one of the most practical ways of defining the senior population from a methodological point of view, as well as the most commonly used procedure (Chappell et al., 2003). With the current sources of statistical data, using alternative definitions would be either very cumbersome or impossible. Secondly, from a conceptual point of view, defining seniors as individuals aged 65 and over also has the advantage that most persons recognize 65 years as the age at which individuals become senior citizens. Social institutions also recognize this as; for example, age 65 is recognized as the “normal” age of retirement and is the age at which individuals are entitled to receive full pension benefits in Canada, even if many people retire or receive full pension benefits from their former employers before that age.

Over the coming years, especially as the first Baby Boomers turn 65 years old, it is possible that a new definition of “senior” will replace the current one. What it generally means to be a senior, for seniors themselves as well as for society in general, could go through an important redefinition. However, until then we will keep, for the purpose of this report, the most common definition of senior -- seniors are all persons aged 65 and over.

That being said, we will use as much as possible more specific age groups in the presentation of statistical information, i.e. 65 to 74 years old, 75 to 84 and 85 and over. The life circumstances and the situations of seniors vary significantly among these three age groups. As commonly perceived by most individuals, and as will become rather clear in this report, the characteristics of younger seniors aged 65 to 74 are in many cases dramatically different than those of persons aged 85 and over. While this publication wishes to make a general profile of seniors, it will try to account for this heterogeneity as much as possible.

What is well-being and wellness? A conceptual framework

As stated above, the goal of this report is to provide a statistical portrait of seniors’ well-being and wellness. However, well-being and wellness means different things to different people and societies. This report does not propose a new conceptualization of well-being, nor does it impose one particularly restrictive view of it. Instead, the analysis relies on many indicators which are commonly identified by social science researchers, health practitioners and other professionals, as well as by people in general, as having an impact on seniors’ well-being.

An extensive number of these indicators or factors have been enumerated in the *National Framework on Aging*, which has strongly influenced the organization and the content of this publication. This analytical tool was developed by the Committee of Officials for Federal/Provincial/Territorial Ministers Responsible for Seniors, after an important series of consultations with seniors, seniors’ organizations and government officials were completed across all jurisdictions in Canada. It can therefore be considered as representative of a broad range of points of view in Canada.

The vision of this national framework is that “*Canada, a society for all ages, promotes the well-being and contributions of older people in all aspects of life*”. Recognizing that wellness might mean different things to different persons, the framework identifies five core values which are said to be highly desirable outcomes for the vast majority of seniors. They are: dignity, independence, participation, fairness and security.

Many important elements are identified as favouring the realization of these core values in seniors' lives. These elements have been classified into three broad categories and are considered, in the National Framework on Aging, as the three "pillars of seniors' wellness". They are:

- 1) *Health, wellness and security*, which includes health and wellness, safety and security and income security
- 2) *Continuous learning, work and participation in society*, which includes work and retirement, age discrimination and negative stereotypes, social participation and ethnocultural diversity.
- 3) *Supporting and caring in the community*, which includes living arrangements, transportation, social isolation and loneliness, family/informal caregiving and seniors in Northern/remote Canada

Naturally, some indicators will contribute more to some individuals' well-being than to others. However for most seniors, many of these factors will have a role in their overall well-being. This publication is structured around these three pillars of well-being.

Structure of the book

Chapter 1 of this report provides contextual information about the population of seniors. How many seniors are there in Canada? How many will there be in the years ahead? What are their basic demographic characteristics? Where do they live? Although this chapter is less directly connected to the framework used for the rest of the publication, it provides valuable information about seniors as a population in Canadian society.

Chapters 2, 3 and 4 are all divided into a number of chapters, but each chapter is based on one of the three pillars of seniors' wellness presented above. In Chapter 2, which is entitled *Health, wellness and security*, information is provided about physical and mental health, financial security and security from crime. Chapter 3, *Continuous Learning, work and participation in society*, is divided into three chapters, and presents information on labour force participation, training, change in the educational profile of seniors and retirement. In Chapter 4, *Supporting and caring in the community*, a wide variety of data are presented in six chapters: living arrangements and family, social networks, social participation and engagement (including volunteering), care, political participation and values.

Chapter 5 will add other relevant information on factors which can be related to well-being, but which are less easily classifiable within the framework; these include leisure activities, computer use and religiosity. In Chapters 6 and 7, the three pillars of well-being will be used again to compare the well-being of aboriginal seniors (Chapter 6) and immigrant seniors (Chapter 7) with the senior population as a whole.

Possible data gaps in the portrait of seniors

Abstract concepts, such as values, are sometimes difficult to capture with statistical data. Consequently, it is impossible to include information about all the factors of well-being and wellness identified by the National Framework on Aging. For example, it is not possible to provide direct information about seniors' level of dignity or level of independence. Direct information will mostly be provided about factors potentially contributing to the actualization of these important values for seniors, such as their capacity to age at home, involvement in significant social relationships, and so on.

It should also be noted that some aspects of seniors' lives which are not included in the National Framework on Aging but which could also contribute to the well-being of many seniors, may have been

excluded from this analysis. However, all efforts have been made to present a portrait that is comprehensive and complete as possible.

As a final note to this introduction, the fact that more pages are devoted to some factors than to others is not an indicator of their relative importance to seniors' well-being. To rank the importance of various factors is far beyond the objectives of this report, and is a task that will be left to the reader. One reason why more pages are allowed to some subjects than to others is simply that data are more easily available. That said, some factors which are widely recognized as being critical determinants of well-being for most people, such as health status, do receive their fair share of coverage in the report.

Chapter 1

Demographic trends and the geography of aging

Demographic trends

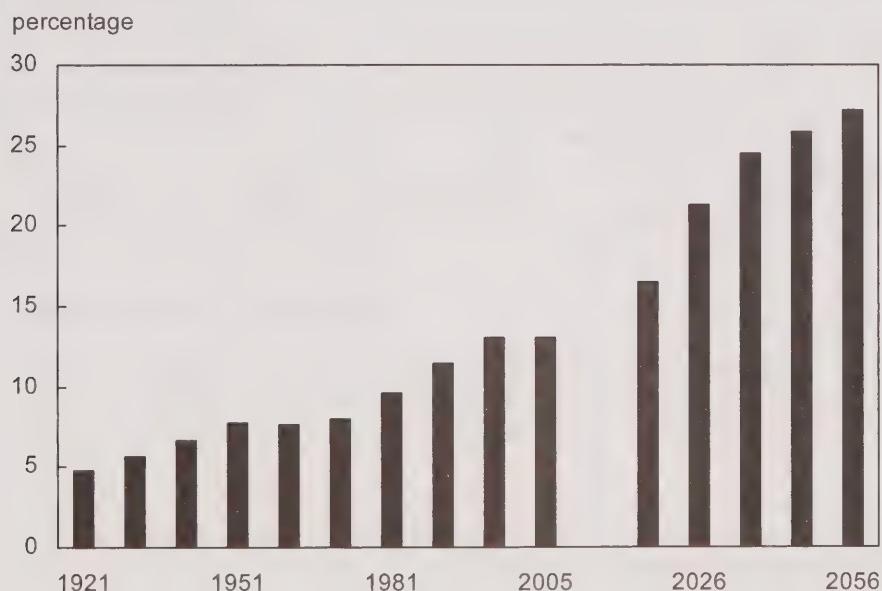
In this chapter, we provide an overview of population aging in Canada along three dimensions: How many? Where? and Who? We first examine how many seniors there are in Canada and how many there are projected to be in the decades ahead. Next, we examine the geographic distribution of seniors across provinces and urban and rural areas, and the extent to which cities and towns are aging. And finally, we consider the composition of Canada's seniors in terms of immigration status, language and ethnicity.

Population aging

Throughout most of the twentieth century, a fairly small proportion of the Canadian population was comprised of persons aged 65 or older. In the 1920s and 1930s, seniors accounted for about 5% of the population, while in the 1950s and 1960s they accounted for less than 8% (Chart 1.1). High fertility rates, low life expectancy and a small population base comprised of many non-elderly immigrants contributed to this profile.

Chart 1.1

Percentage of Canadian population comprised of persons aged 65 or older, 1921 to 2005 and projections to 2056



Sources: Statistics Canada, Censuses of Canada; Population projections for Canada, provinces and territories.

The situation is far different today. Low fertility rates, longer life expectancy and the effects of the baby boom generation are among the factors contributing to the aging of the population. Between 1981 and 2005, the number of seniors in Canada increased from 2.4 to 4.2 million and their share of the total population increased from 9.6% to 13.1%. Consequently, older age groups are more and more represented in the total Canadian population.

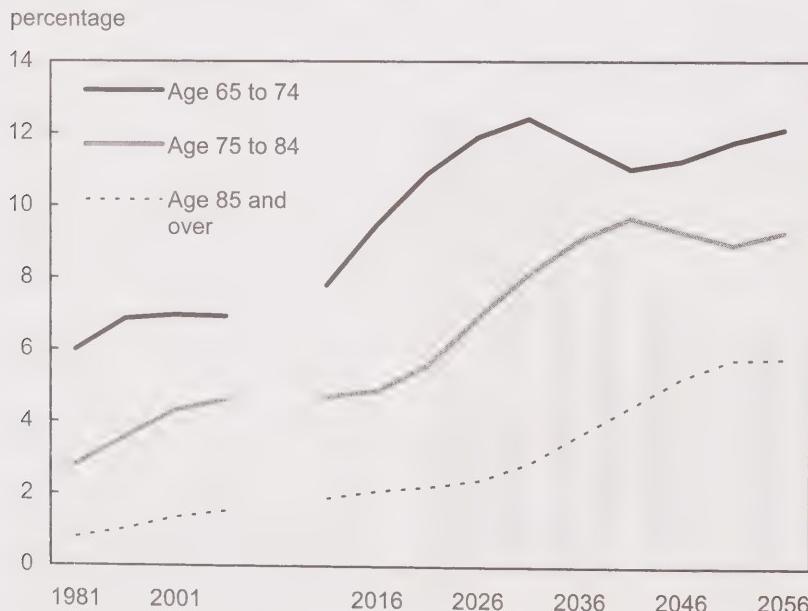
The aging of the population will accelerate over the next three decades, particularly as individuals from the Baby Boom years of 1946 to 1965 begin turning age 65. The number of seniors in Canada is projected to increase from 4.2 million to 9.8 million between 2005 and 2036, and seniors' share of the population is expected to almost double, increasing from 13.2% to 24.5% (Table 1.1). Population aging will continue between 2036 and 2056, but at a slower pace. Over this period, the number of seniors is projected to increase from 9.8 million to 11.5 million and their share of the total population is projected to rise from 24.5% to 27.2%.

Trends by age groups

Within the senior population, demographic trends will continue to vary considerably across age groups in the years ahead. Between 1981 and 2005, the number of Canadians aged 65 to 74 increased from 1.5 million to 2.2 million, and their share of the total population increased from 6.0% to 6.9% (Chart 1.2). As individuals from the baby boom generation enter this age group, the number of 65 to 74 year olds is projected to increase to 4.8 million by 2031, accounting for 12.4% of the total population at that time. Between 2031 and 2041, 65 to 74 year olds are projected to account for a declining share of the total population, although in 2041 an estimated 4.5 million Canadians are expected to be in this age group (over a total population of 40.8 million).

Chart 1.2

Percentage of the total population comprised of seniors, by group, Canada 1981 to 2005, projections from 2011 to 2056



Sources: Statistics Canada, Censuses of Canada; Population Projections for Canada, Provinces and Territories, 2005.

Between 1981 and 2005, the number of Canadians aged 75 to 84 more than doubled, increasing from 695,000 to 1.5 million, and their share of the total population rose from 2.8% to 4.6%. Over the next 15 years, the share of the total population in this age group is projected to remain fairly stable at around 5%, although by 2021 the absolute number of 75 to 84 year olds is expected to reach 2 million. It is between 2026 and 2041 that the largest increase in the 75 to 84 years age group is projected to occur. The share of the total population in this age group is projected to increase from 6.9% to 9.7% over this period, and the number of 75 to 84 year olds is expected to reach 3.9 million by 2041. The continued aging of the baby boom generation is a primary factor behind this trend.

The number of seniors aged 85 or older has grown rapidly over the last two decades. Between 1981 and 2005, the number of individuals in this age group increased from 196,000 to 492,000 and their share of the total population increased from 0.8% to 1.5%. Between 2005 and 2021, the absolute number of people aged 85 or older is projected to increase to 800,000, although their share of the total population will remain around 2%. However, between 2021 and 2056, as the baby boomers enter this age group, the number of persons aged 85 or older is projected to increase from 800,000 to 2.5 million, and their share of the total population is expected to almost triple, rising from 2.1% to 5.8%.

Projections of the percentage of Canadians in older age groups in the years ahead are projected using assumptions about fertility rates, life expectancy and net migration. Additional projections based on different assumptions are presented in Table 1.1.

Senior men and women

Most seniors are women, and this is especially so in older age groups. In 2005 women accounted for almost 75% of persons aged 90 or older, while they accounted for 52% of persons aged 65 to 69. Longer life expectancy among women explains their over-representation in older age groups.

However, differences in life expectancy between women and men have begun to narrow and consequently the gender composition of older age groups is expected to become more even in the coming years. There is already some evidence of this shift. For example, between 1981 and 2005, the share of persons aged 80 to 84 who were men increased from 37% to 39% (Chart 1.3). By 2021, men are projected to account for 43% of 80 to 84 year olds, with this share projected to increase to 46% by 2056. The same trends are projected within other older age groups.

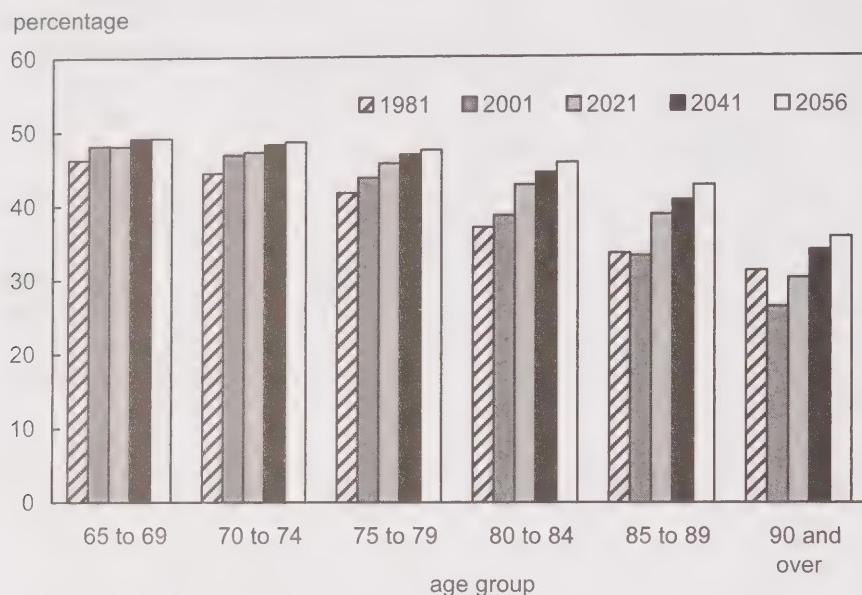
We now turn our attention from the number of seniors in Canada to where seniors reside. We examine population aging within and across provinces and territories, across urban and rural areas, and in specific cities and towns.

Inter-provincial comparisons

There are considerable inter-provincial differences in the share of provincial populations comprised of seniors. Seniors' share of the population is largest in Saskatchewan (14.8%), Nova Scotia (14.2%) and Prince Edward Island (14.1%) and the smallest in Alberta (10.5%) and Ontario (12.8%).

Nunavut, the Yukon Territory and the Northwest Territories have much younger age structures than the ten provinces. Nunavut is particularly unique, with only 2.6% of its population aged 65 and over. The number of seniors in each province and territory is shown in Table 1.2.

Chart 1.3
Percentage of persons within age groups who are men, Canada, 1981 and 2005, projections to 2056



Sources: Statistics Canada, Censuses of Canada; Population Projections for Canada, Provinces and Territories, 2005.

Population projections show that seniors will account for a growing share of the population in all provinces and territories in the decades ahead. However, there are considerable differences in the magnitude of the projected increase. In Manitoba, for example, the share of the population comprised of seniors is projected to increase from 13.5% to 19.9% between 2005 and 2026 - an increase of 6.4 percentage points. Increases of a comparable size are projected in Ontario (7.1 percentage points), British Columbia (8.3 percentage points) and Alberta (8.7 percentage points) (Chart 1.4). In contrast, the share of the population comprised of seniors in Newfoundland and Labrador is projected to increase from 13.1% to 26.6% - an increase of 13.4 percentage points. Relatively large increases are also projected in New Brunswick (11.7 percentage points), Nova Scotia (11.0 percentage points) and the Yukon Territories (11.0 percentage points). Overall, across the ten provinces, the share of the population comprised of seniors will increase least in Ontario and the West and most in the Atlantic provinces. And while seniors currently account for a relatively small share of the population in each of the territories, this share is projected to more than double over the next twenty years.

Population projections also suggest that differences in the age structures of the ten provinces will widen in the decades ahead. More specifically, the 'gap' between the provinces with the largest and smallest shares of seniors in their population is projected to widen from 4.3 to 7.4 percentage points in between 2005 and 2026. Detailed provincial projections of the share of the population comprised of seniors are presented in Table 1.3.

The distribution of seniors across provinces

Most of Canada's population (62.4%) resides in Ontario and Quebec, and likewise, most seniors reside in those two provinces as well (62.9%) (Table 1.4). Between 1981 and 2005, there was a small shift in the distribution of the total population and in the population of seniors across the provinces and territories. Considering all seniors in Canada, the share residing in the four Atlantic Provinces declined

from 9.4% to 7.7% over this period. Declines were also evident in the shares in Saskatchewan and Manitoba, while Quebec, Ontario, Alberta and British Columbia posted gains.

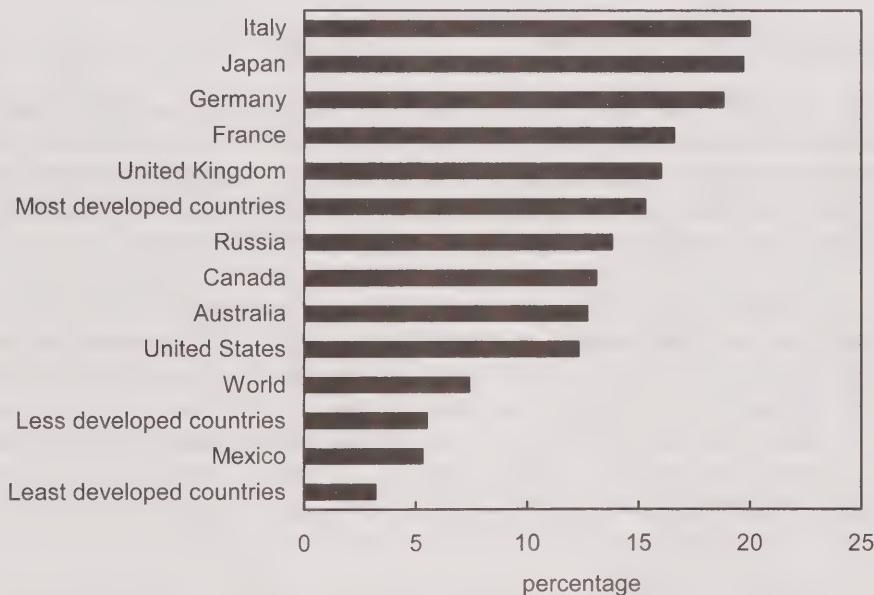
Projections indicate that between 2004 and 2026, the distribution of seniors across the provinces will change very little. The most noticeable change is a projected increase from 8.1% to 9.5% in the share of Canada's seniors located in Alberta.

The geography of aging

International comparisons

Population aging is not unique to Canada. Indeed, the share of the population comprised of seniors is smaller in Canada than it is in most other Western industrialized countries. In 2005, 13.1% of all people in Canada were aged 65 and over compared with 19.7% in Japan and 16% in the United Kingdom. However, seniors account for a slightly smaller share of the population in United States (at 12.3%) than in Canada. Population projections also indicate that there is likely to be a widening difference in the age profiles of Canada and the United States, as seniors are projected to make up 20.7% of the U.S. population in 2050 (U.S. Census Bureau, 2004) compared to 26.5% of the Canadian population in 2051. The higher fertility rate in the United States is the main factor behind this divergence.

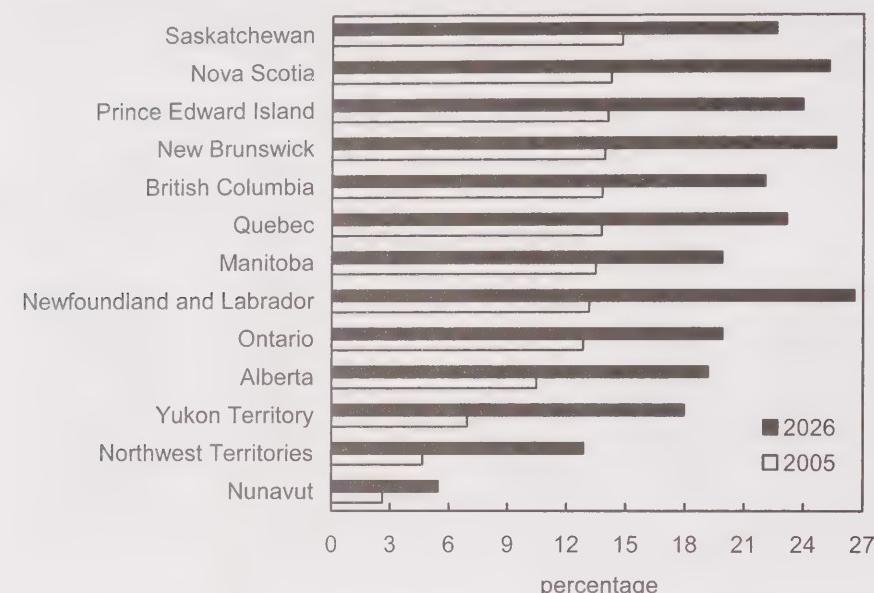
Percentage of the population comprised of seniors in selected countries, 2005



Sources: Statistics Canada, 2001 Census of Canada and World Population Prospect: the 2004 Revision population database, United Nations Population division.

Chart 1.4

Percentage of population aged 65 or older comprised of seniors, by province, 2005 and projection for 2026



Sources: Statistics Canada, Censuses of Canada; Population Estimates, Population Projections for Canada, Provinces and Territories, 2005.

The distribution of seniors across urban and rural areas

Canada is increasingly urban. Between 1981 and 2001, the share of all Canadians residing in large urban centres (also known as Census metropolitan areas) increased from 57.8% to 64.6%, while the shares residing in smaller cities and towns and in rural areas declined. This was evident across all age groups, as the share of seniors residing in a Census metropolitan area (CMA) increased from 53.8% to 60.7% over this period and the share of non-seniors increased from 58.5% to 65.5% (Chart 1.5).

The extent to which seniors live in small communities that are distant from urban centres has implications for the provision of services, such as health care and home support. The distribution of seniors across detailed urban-rural categories is shown in Table 1.5. In 2001, just under 61% of seniors lived in one of Canada's 27 Census metropolitan areas and another 9.1% lived in other urban areas with populations of 50,000 or more. Combining these two categories, about seven of every ten seniors in Canada lived in an urban centre with at least 50,000 residents. Another 7.6% lived in smaller communities -- 4.8% in communities with populations of 25,000 to 49,999 and 2.8% in communities with populations of 25,000 or less.

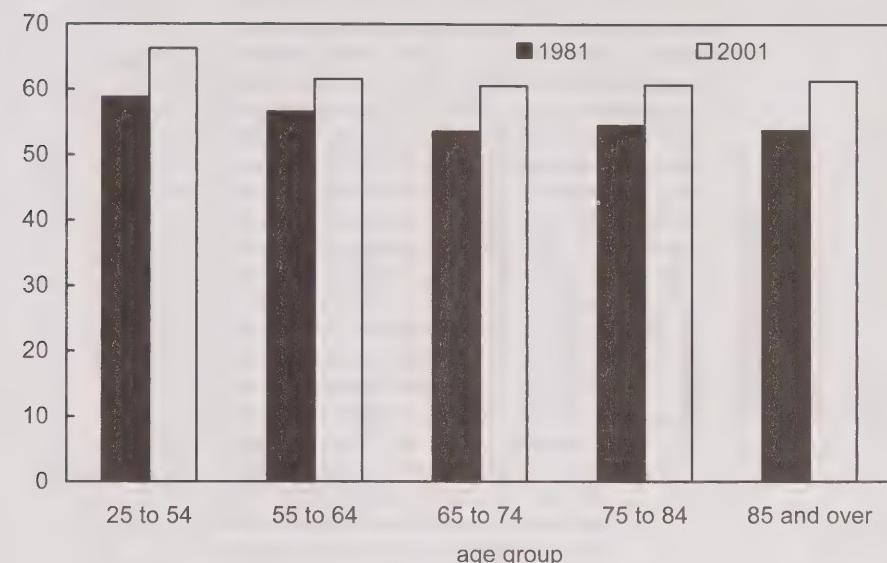
Finally, 22.6% of seniors live in rural areas. However, it should be noted that these rural areas vary in terms of their proximity and integration with urban centres. Rural and small town areas can be disaggregated into four metropolitan influenced zones (MIZ) sub-groups based on the size of commuting flows of the workforce to any CMA or Census Agglomeration (CA). The Strong MIZ category comprises areas with a commuting flow of 30% or more. The Moderate MIZ category comprises areas with a commuting flow between 5% and 29%. The Weak MIZ category comprises areas with a commuting flow of more than zero percent and less than 5%. The No MIZ category comprises those areas where no individuals commute to a CMA/CA.² Across Canada, 8.4% of all

seniors live in rural areas with weak or no metropolitan influence, and another 9.2% live in rural areas with moderate metropolitan influence.

Chart 1.5

Percentage of Canadians residing in Census metropolitan areas, by age group, 1981 and 2001

percentage



Sources: Statistics Canada, Censuses of Canada.

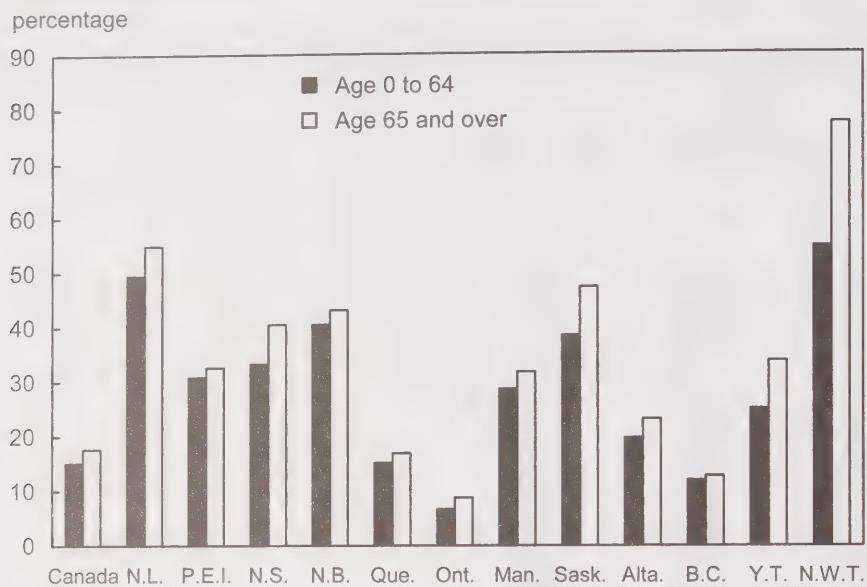
Across the provinces and territories, the share of seniors residing in rural areas characterized by moderate, weak or no metropolitan influence is highest in the Northwest Territories (77%), Newfoundland (55%), Saskatchewan (47%), New Brunswick (43%) and Nova Scotia (40%) and is lowest in Ontario (9%) and British Columbia (13%) (Chart 1.6). In this respect, there is considerable variation between provinces in the extent to which services provided to seniors (and non-seniors) must reach individuals residing outside of urban centres. Generally speaking however, provinces in which greater proportions of non-seniors live in rural areas are also the provinces in which a greater proportion of seniors live in such areas.

Seniors in Canada's cities and towns

Across Canada's 27 CMAs, there is considerable variation in the share of the population comprised of seniors. The shares are largest in St. Catherines-Niagara and Victoria, at 17%, followed by Trois-Rivières and Thunder Bay, at 16% and 15% respectively (Chart 1.7). In contrast, seniors account for less than 11% of the population in five CMAs, including Calgary (9.1%), St. John's (10.6%), Oshawa (10.6%), Edmonton (10.7%) and Ottawa-Gatineau (10.9%).

Between 1986 and 2004, Saguenay, Trois-Rivières, and Greater Sudbury were the three CMAs in which the share of the population comprised of seniors increased most, with increases of more than five percentage points (Table 1.6). In Victoria, the share of the population comprised of seniors actually declined (by 0.8 percentage points), although a large share of the population is still comprised of seniors relative to other CMAs.

Chart 1.6
Percentage of population in rural areas with moderate, weak or no metropolitan influence, by province and age group, 2001



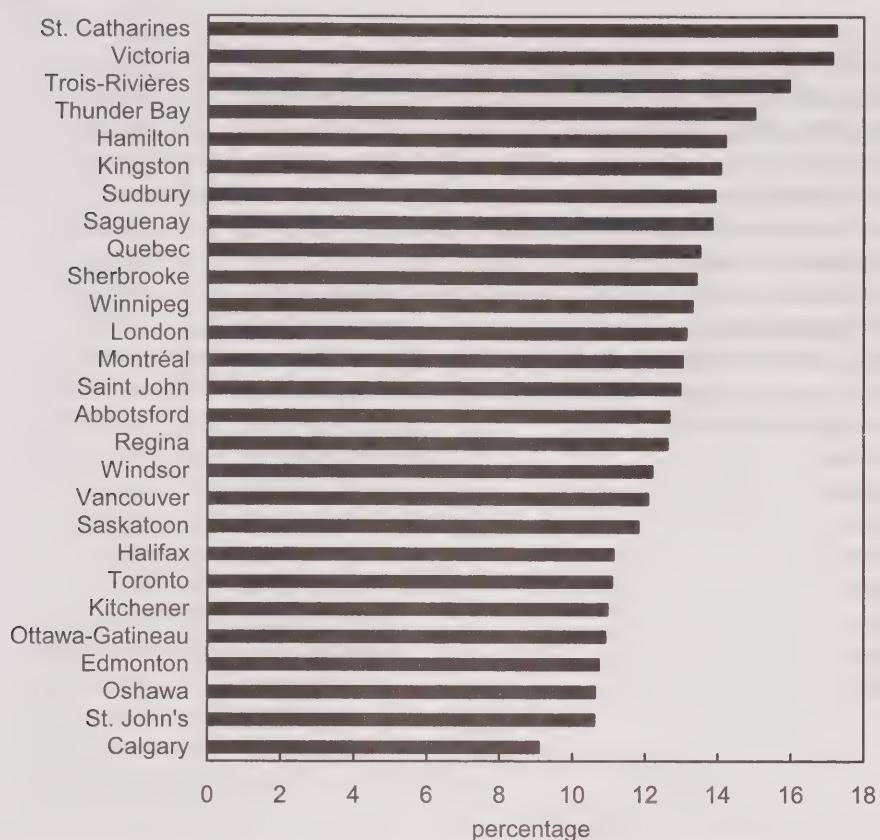
Source: Statistics Canada, 2001 Census of Canada.

In Canada's three largest urban areas - Toronto, Vancouver and Montréal - seniors account for 11.1%, 12.1% and 13.0% of the population respectively. Almost one-third of all seniors in Canada (31.6%) reside in one of these three CMAs, compared with 34.7% of non-seniors.

Across Canada's smaller cities and towns, there is tremendous variation in the share of the population comprised of seniors. Among cities with populations of 25,000 to about 150,000, Penticton has the highest concentration of seniors with almost one-quarter of its residents aged 65 or older (23.9%) (Chart 1.8). Vernon and Kelowna, two other towns in BC's Okanagan Valley, also rank high. Seniors account for over 18% of the population in Thetford Mines and Shawinigan and for about 17% of the population in Peterborough, Orillia and Owen Sound. In contrast, seniors account for less than 8% of the population in several towns in northern Alberta, including Wood Buffalo, Grand Prairie and Cold Lake, and northern BC.

Among towns with populations under 25,000, Elliot Lake has the highest concentration of seniors, with one-quarter of its residents aged 65 or older (Chart 1.9). Seniors account for about one-fifth of all residents in Tillsonburg, Cobourg, Yorkton and Swift Current. Of the towns that have relatively small shares of their population comprised of seniors, many are located in the north, such as Yellowknife, Thompson, Whitehorse, and Fort St. John.

Finally, there is considerable variation in the rate at which cities and towns are aging. Considering urban areas with populations of about 10,000 to 150,000, the combined share of the population aged 65 or older increased from 11.5% to 13.4% between 1991 and 2001 -- a gain of 1.9 percentage points. Table 1.7 includes cities and towns that are 'aging rapidly' - that is, those in which the share of the population comprised of seniors increased by 2.5 percentage points or more over this period.³ These 'rapidly aging' communities have been broadly organized into three groups based on selected demographic characteristics.

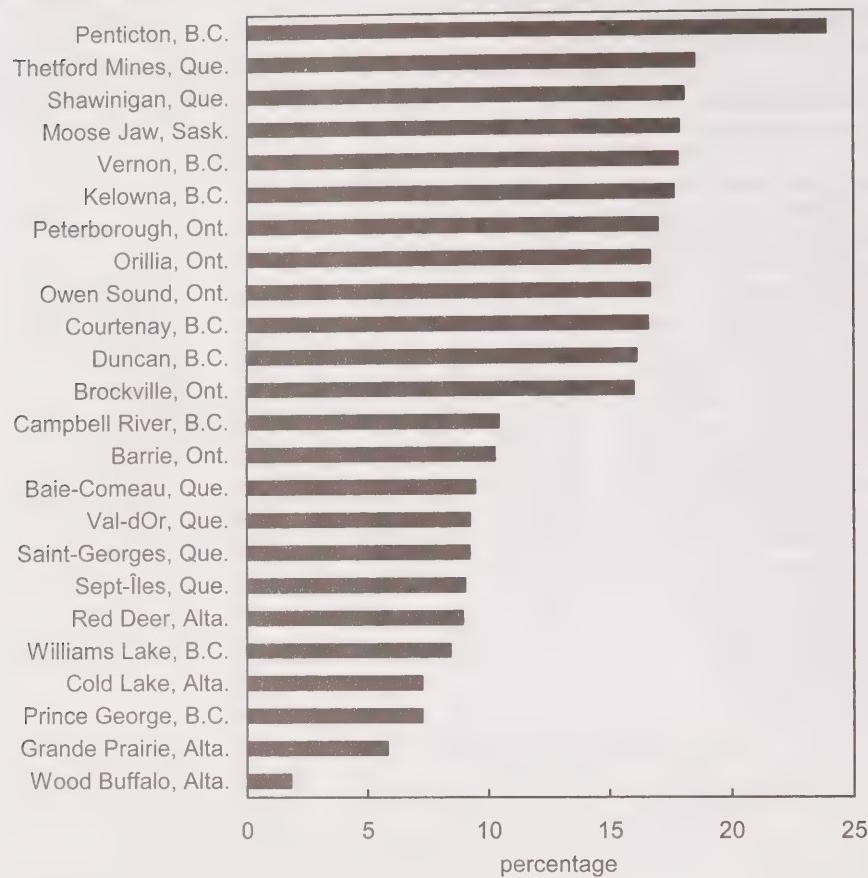
Chart 1.7**Percentage of population comprised of seniors, Census metropolitan areas, 2004**

Source: Statistics Canada, Estimates of Population by Age and Sex for Census Divisions, Census Metropolitan Areas and Economic Regions (Component Method), 2004.

Group 1 includes 'rapidly aging' communities that experienced a decline in their total population between 1991 and 2001, a decline in the number of individuals under 45 years of age, and an increase in the number of individuals aged 65 or older. As a group, these 21 communities experienced a 9.9% decline in their total population, a 24% decline in the number of persons under age 45, and a 27% increase in the number of persons aged 65 or older. The share of their combined population comprised of seniors increased by 4.0 percentage points. Twelve of these 21 communities are in Quebec.

Group 2 includes 'rapidly aging' communities that experienced an increase in their total population between 1991 and 2001, a decline in the number of individuals under age 45, and an increase in the number of individuals aged 65 or older. As a group, these 11 communities experienced a 3.9% increase in their total population, a 9% decline in the number of persons under 45 years of age, and a 31% increase in the number of persons aged 65 or older. The share of their combined population comprised of seniors increased by 3.0 percentage points. Eight of the 11 communities in this group are in Ontario and British Columbia. Although communities in Group 2 experienced a decline in the number of individuals under 45 years of age (-9%), the magnitude of this decline was smaller than that evident among communities in Group 1 (-24%).

Chart 1.8
Percentage of population comprised of seniors, selected towns¹ with populations of 25,000 or more, 2001



1. The 12 cities and towns with the largest proportions of seniors and smallest proportions of seniors.

Source: Statistics Canada, 2001 Census of Canada.

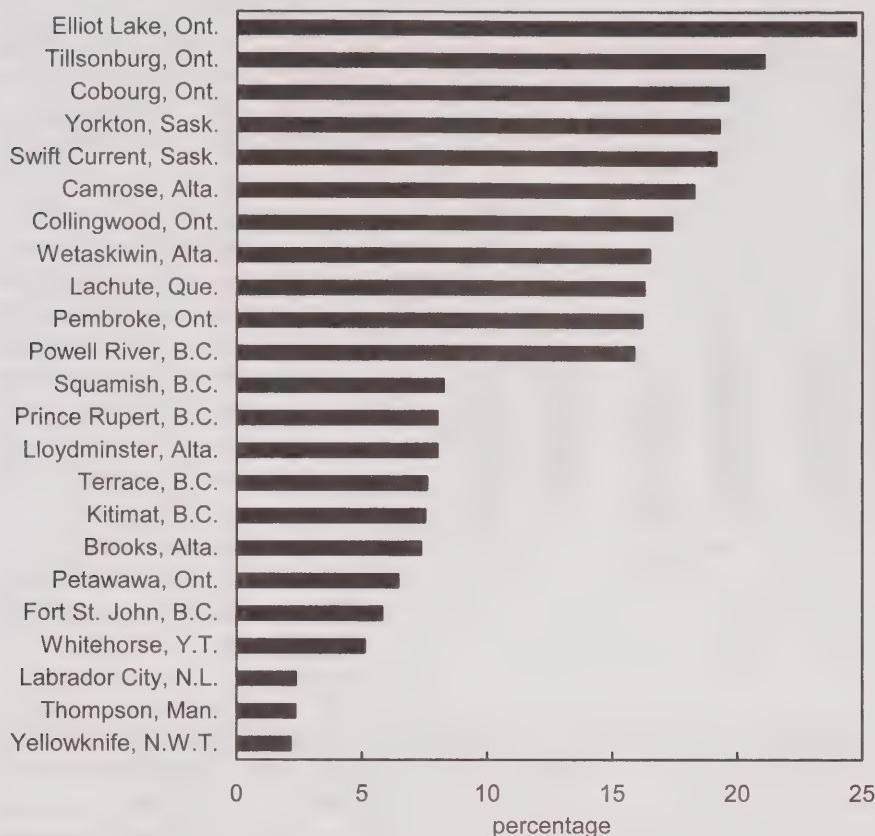
Finally, Group 3 includes 'rapidly aging' communities that experienced an increase in their total population between 1991 and 2001,⁴ an increase in the number of persons under age 45, and an increase in the number of persons aged 65 or older. As a group, these 4 communities experienced a 28.8% increase in their total population, a 14% increase in the number of persons under age 45, and a 63% increase in the number of seniors. The share of their combined population comprised of seniors increased by 2.9 percentage points. This occurred because the number of seniors grew faster than the number of non-seniors.

Residential mobility of seniors

The likelihood of changing residences is strongly associated with where people are in the life course. Residential mobility is highest among individuals in their twenties and early thirties, many of whom are leaving the parental home and establishing their own households, and declines as people reach their forties and fifties. Seniors have long been less likely than people in younger age groups to change residences.

Chart 1.9

Percentage of population comprised of seniors, selected towns¹ with populations under 25,000, 2001



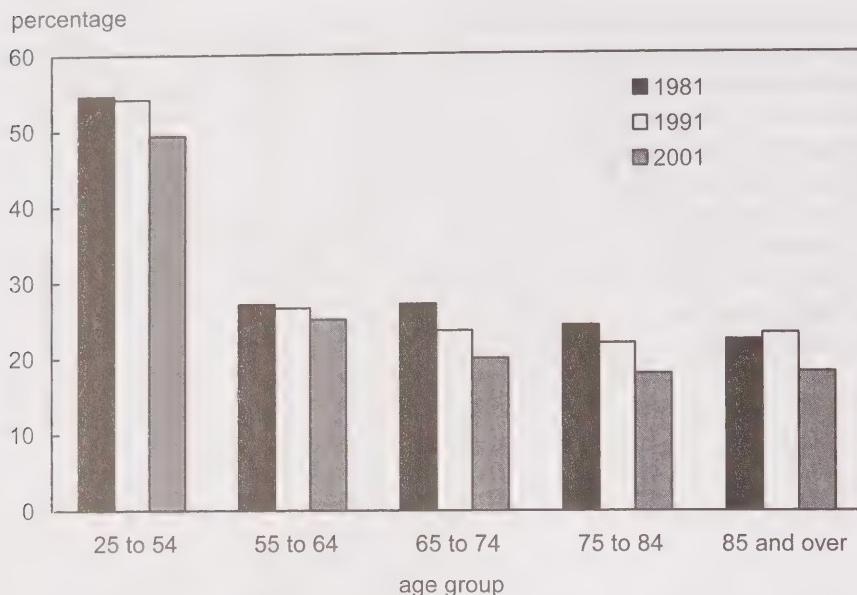
1. The 12 cities and towns with the largest proportions of seniors and smallest proportions of seniors.

Source: Statistics Canada, 2001 Census of Canada.

Between 1996 and 2001, just under one-fifth of all seniors in Canada (19.2%) changed addresses. Seniors aged 65 to 74 were slightly more likely to have done so than seniors aged 75 or older (at 20% and 18% respectively).⁵ Some factors associated with the likelihood of having changed residences are shown in Table 1.8. Seniors who were separated or divorced were more likely to have changed residences (31.2%) than those who were widowed (21.8%), never married (20.1%) or married or common-law (16.4%). Seniors who were limited in their activities by a long-term illness or disability were more likely to have changed residences (22.2%) than those with no such limitation (18.1%), with this correlation evident among seniors within all age groups. And finally, seniors residing in rented accommodation were about 2.5 times more likely to have moved than those residing in owned accommodation (35.9% and 13.7% respectively).

Between 1981 and 2001, the percentage of seniors aged 65 to 74 who had changed residences in the previous five years declined by 7.1 percentage points, while the share of seniors aged 75 to 84 who had done so declined by 6.3 percentage points. This decline was particularly evident among seniors residing in rented accommodation. Among seniors aged 65 to 74, the proportion of renters who had moved in the previous five years declined by 10.6 percentage points, from 50.5% to 39.9%, while the share of home owners who moved declined by only 2.2 percentage points, from 16.9% to 14.7% (Table 1.9). Similar patterns were evident among seniors aged 75 to 84.

Chart 1.10
**Percentage of persons who changed residences in previous five years, by age group, Canada
 1981, 1991 and 2001**



Sources: Statistics Canada, Censuses of Canada.

Seniors, like non-seniors, generally do not go very far when they change residences. Of the seniors aged 65 to 74 who moved between 1996 and 2001, two-thirds remained in the same geographic area in which they have previously resided (Table 1.10). Almost half (48.4%) stayed within the same Census metropolitan area, 10% remained within the same city or town, and 8.5% remained within the same rural area. About 10% moved from a more urban area to a less urban area while a comparable share moved in the opposite way. Given these figures, it is not surprising that only 1.2% of all seniors moved inter-provincial between 1996 and 2001. As a result, net migration of seniors was negligible in all provinces. In 2005, for example, the highest net migration of seniors was observed in British Columbia, with 1184 more seniors moving into the province than moving out.

Immigration, ethnicity and language

We now briefly consider some selected demographic characteristics of seniors in Canada, specifically, their immigration status, ethnicity and language profile. An overview of older Aboriginal people is also provided. More details on the characteristics of seniors are provided in subsequent chapters, including Chapter 7 which focuses on immigrant seniors and Chapter 6 which focuses on senior aborigines.

Immigration and place of birth of seniors

A relatively large proportion of seniors in Canada are immigrants. In 2001, 28.6% of persons aged 65 to 74 and 28% of those aged 75 to 84 were immigrants (Table 1.11). These proportions compared to 21.3% in the 25 to 54 age group.

Most immigrants who are now aged 65 or older initially arrived in Canada when they were young. Of the immigrants who were aged 65 or older in 2001, 26.2% arrived in Canada when they were less than 25 years of age, and hence have lived here for at least four decades. Another 28.8% arrived when they

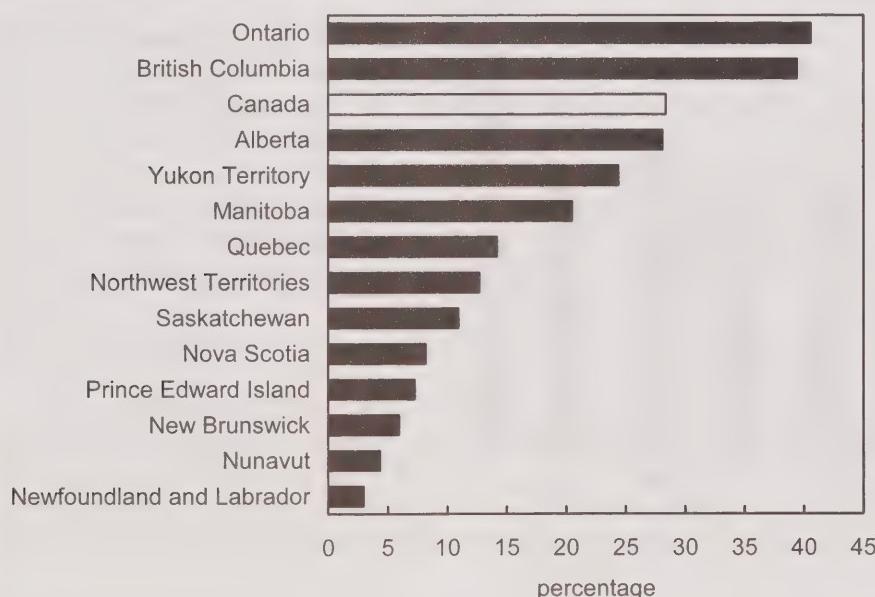
were aged 25 to 34 and have lived here for at least three decades. In contrast, only 9% of immigrant seniors arrived in Canada since 1991.

On a year-by-year basis, seniors account for a very small share of new immigrants. In 2004, for example, 5,526 of the 235,824 immigrants and refugees admitted to Canada (2.3%) were aged 65 and older. Most of them (80%) were sponsored by a family member and admitted to Canada in the family class category. Between 1995 and 2004, individuals aged 65 or older consistently accounted for about 2% to 4% of all immigrants and refugees admitted to Canada, accounting about 4,000 to 8,000 people.

Over the last 20 years, there have been large changes in the source countries from which immigrants have come. Between 1981 and 2001, the share of all immigrants from Western/Northern Europe and the United States declined from 45.5% to 24.6% and the share from Asia increased from 13.9% to 36.5%. These changes are just beginning to be reflected in the characteristics of immigrants aged 65 and older, as the share from Asia increased from 5.6% to 19.1% between 1981 and 2001. Nonetheless, over half of all immigrant seniors (54%) are from countries in Western Europe. This share will decline in the decades ahead as younger immigrants from other regions age and become seniors in Canada. For the moment, seniors born in other places than Canada or a European country still represent a minority of the total population (Table 1.12)

While more than one-quarter of all seniors in Canada are immigrants, there are considerable variations across the ten provinces in this respect. Only 3% of seniors in Newfoundland and Labrador are immigrants compared with 39% and 41% of seniors in British Columbia and Ontario respectively (Chart 1.11). Overall, 54.6% of all immigrant seniors reside in Ontario, 19.3% in British Columbia and 12.1% in Québec (Table 1.13). Compared to these averages, most recent immigrant seniors who arrived in Canada between 1991 and 2001 are slightly more likely to reside in Ontario (55.9%) and British Columbia (25.3%), and slightly less likely than to reside in Québec (8.7%).

Chart 1.11
Percentage of immigrants among seniors, by province and territory, 2001



Source: Statistics Canada, 2001 Census of Canada.

Finally, the share of long-term immigrants among immigrant seniors, i.e. the share of those who arrived in Canada before 1961, was higher in Saskatchewan (71.2%), Manitoba (63.5%) and New Brunswick (62.1%). In contrast, it was lower in Québec (47%), British Columbia (50.1%) and Ontario (53.1%) (Table 1.13).

Language

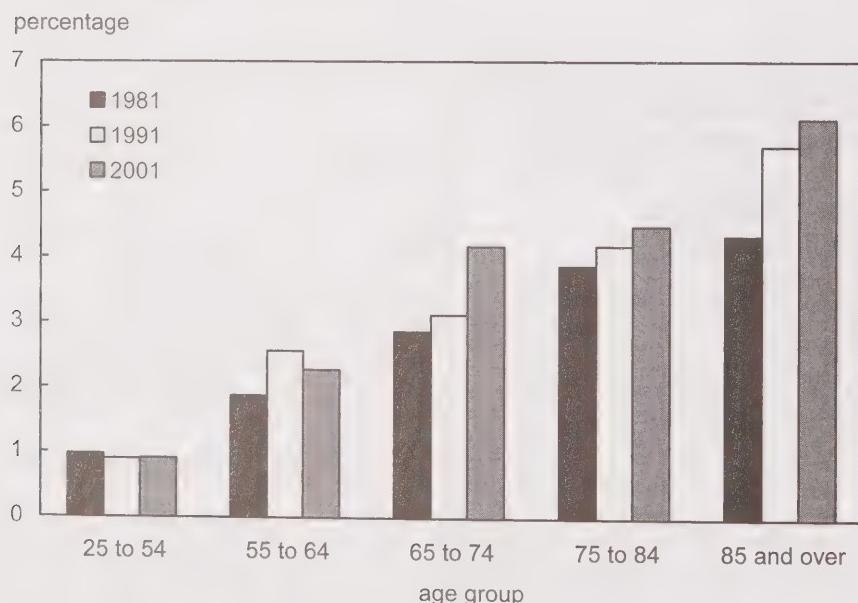
Almost all seniors can speak one or both of Canada's official languages. However, in 2001 4.5% of individuals aged 75 to 84 and 6.1% of those aged 85 and over could not speak either English or French (Chart 1.12). In contrast, only 0.9% of persons aged 25 to 54 could not speak one or both official languages.

Since 1981, the proportion of seniors unable to speak an official language has been on the rise. For example in 1981, 3.1% of senior men aged 85 and over could not speak English or French, compared to 5.2% in 2001. The changes in the source countries of immigration explain these increases (for instance less immigrant seniors from United Kingdom and more from Asia).

Senior women were slightly more likely than men to be unable to speak at least one official language. For example, about 5% of women aged 65 to 74 could not speak an official language, compared to 3.2% of men (Chart 1.13). The same gap existed in older age groups. Historically, men have had a greater participation in the labour market and employment most often requires the knowledge of English or French. Some senior women who immigrated to Canada who did not have labour market experience might have spoken their mother tongue at home for most of their life.

Chart 1.12

Percentage of individuals who cannot speak an official language, by age group, Canada 1981, 1991 and 2001

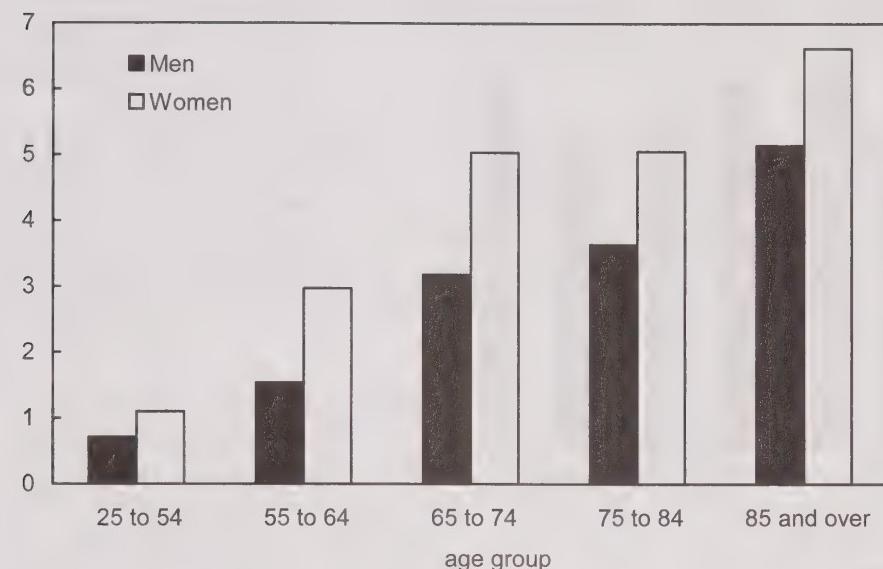


Sources: Statistics Canada, Censuses of Canada.

Chart 1.13

Percentage of individuals who cannot speak an official language, by age group and gender, Canada 2001

percentage



Source: Statistics Canada, 2001 Census of Canada.

At the same time that the proportion of seniors who knew an official language decreased, the proportion of them using a non-official language at home increased. In 1981, 10.1% of individuals aged 65 to 74 used a non-official language at home and that proportion increased to 13.5% in 2001 (Chart 1.14). Similar increases were observed for all age groups except the 75 to 84 year range, in which the proportion of individuals using a non-official language at home decreased between 1981 and 2001.

Visible minorities

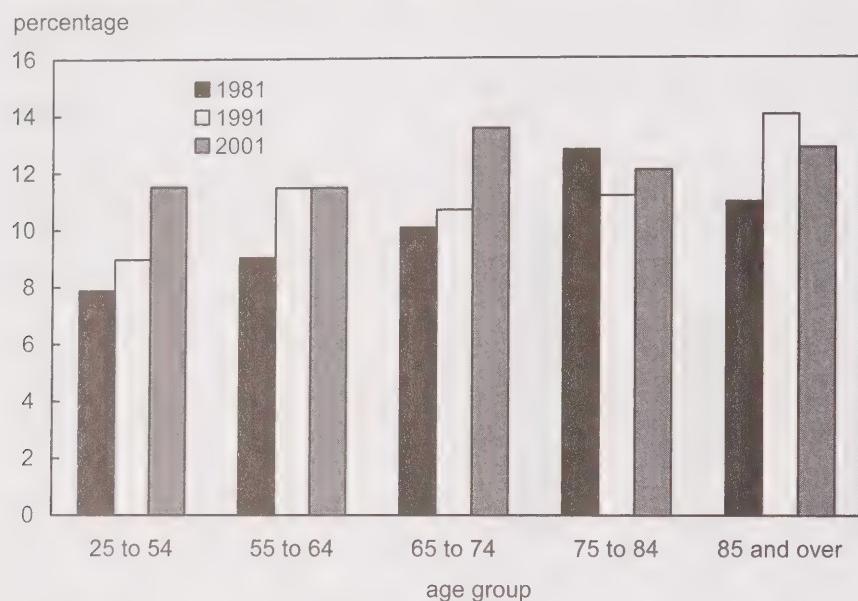
Under the Employment Equity Act, members of visible minorities are persons, other than Aboriginal persons, who are not white in race or colour. Persons in visible minority groups account for an increasing share of Canada's senior and non-senior populations. Between 1981 and 2001, the share of seniors belonging to a visible minority increased from 2.3% to 7.2%; among persons aged 25 to 54, this share increased from 5.5% to 13.9% (Chart 1.15). Of the 7.2% of seniors who belonged to a visible minority group, the largest share (39%) were Chinese (Table 1.14).

Aboriginal seniors

In 2001, more than 976,000 Canadians reported that they were Aboriginal, including about 39,600 Aboriginal seniors (65 years of age or older). The Aboriginal population is much younger than the non-Aboriginal population. In 2001, only 4% of Aboriginal people were 65 years and over compared to 13% of the non-Aboriginal population. Of the three Aboriginal groups, Inuit were the youngest population, with only 3% of Inuit 65 years and over (Table 1.15).

Chart 1.14

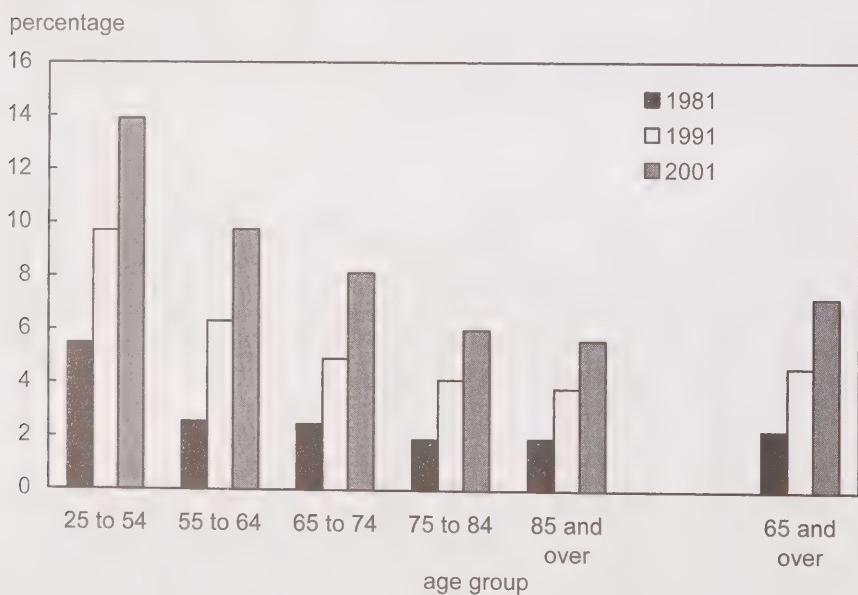
Percentage of individuals using a non-official language at home, by age group, 1981 to 2001



Sources: Statistics Canada, Censuses of Canada.

Chart 1.15

Persons in visible minority groups as percent of total population, by age group, Canada 1981 to 2001



Sources: Statistics Canada, Censuses of Canada.

Not only do seniors make up a smaller percentage of the Aboriginal population, but Aboriginal seniors are younger than non-Aboriginal seniors. In 2001, about 3% of the Aboriginal population were between

the ages of 65 and 74, and 1% were 75 years and over. On the other hand, 7% of the total Canadian population fell between the ages of 65 and 74 years, and 5% were 75 years and over.

Ontario had the largest number of Aboriginal seniors of any province or territory. In 2001, 8,600 Aboriginal seniors, or more than one in five of all Aboriginal seniors in Canada, called Ontario home (Table 1.16). British Columbia (7,240) and Manitoba (5,535) had the next largest Aboriginal seniors' populations.

While Aboriginal people made up about 3% of the total Canadian population in 2001, Aboriginal seniors made up only 1% of the total Canadian senior population. Of all the provinces, Manitoba and Saskatchewan had the largest proportion of Aboriginal seniors in their senior populations (4% of all seniors in Manitoba and 3% of seniors in Saskatchewan were Aboriginal). Aboriginal people make up much larger shares of the population in the territories. In Nunavut, 91% of seniors were Aboriginal, as were 65% of seniors in the Northwest Territories and 21% of seniors in the Yukon Territory. (Table 1.16)

As in the non-Aboriginal population, women outnumber men among Aboriginal seniors. In 2001, among Aboriginal people aged 65 and over, 54% were women and 46% were men. Similar distributions were found in the North American Indian population (56% women and 44% men) and in the Métis population (52% women and 48% men). Among Inuit seniors, however, men outnumber women. In 2001, 55% of Inuit aged 65 and over were men and 45% were women. This is in part explained by higher maternal mortality rates that prevailed when these senior women were in their child-bearing years (Choinière et al., 2005).

Aboriginal seniors less urbanized than their non-Aboriginal counterparts

While the vast majority (80%) of non-Aboriginal seniors live in urban areas, the situation is quite different for Aboriginal seniors. In 2001, only one in four Inuit seniors and one in three North American Indian seniors lived in urban areas. Among Métis seniors, the most urbanized of the Aboriginal groups, 62% were living in urban areas (Table 1.17).

In 2001, over half of North American Indian seniors (53%) lived on reserve. Older North American Indian adults were more likely to live on reserve than their younger counterparts – in 2001, 42% of North American Indian adults 25 to 54 years and 45% of those 55 to 64 years were living on reserve. Conversely, North American Indian seniors were less likely to live in urban areas than younger North American Indian adults. For example, 18% of North American Indian seniors lived in one of Canada's largest cities (census metropolitan areas), compared to 28% of those 25 to 54 and 23% of those 55 to 64 years.

Most Inuit seniors live in the far North. In 2001, three-quarters of Inuit 65 years and over lived in rural non-reserve areas, mainly in the Northwest Territories, Nunavut, Quebec and Newfoundland and Labrador. This is explained by the fact that these provinces and territories contain the Inuit regions of Inuvialuit, Nunavut, Nunavik and Nunatsiavut. In 2001, only a small percentage (4%) of Inuit seniors lived in census metropolitan areas, while another 17% lived in smaller urban centres. (Table 1.17)

Although Métis seniors were the most urbanized of all Aboriginal seniors, they were still much less likely to live in urban areas than non-Aboriginal seniors. In 2001, 34% of Métis seniors were living in census metropolitan areas and 28% were living in other urban centres, while 58% of non-Aboriginal seniors were living in census metropolitan areas and 22% were living in other urban areas. Over one third (34%) of Métis seniors were living in rural areas, compared to 19% of non-Aboriginal seniors. (Table 1.17)

Chapter 1 Tables

Table 1.1

Projections of the population, 2006 to 2056, by age group, low-growth, moderate-growth and high-growth scenarios

Age group	Low growth											
	2006		2016		2026		2036		2046		2056	
	000s	percent	000s	percent	000s	percent	000s	percent	000s	percent	000s	percent
Total population	32,531	...	34,419	...	35,787	...	36,517	...	36,412	...	35,878	...
65 to 74	2,270	7.0	3,312	9.6	4,430	12.4	4,537	12.4	4,379	11.2	4,704	12.1
75 to 84	1,515	4.7	1,692	4.9	2,556	7.1	3,504	9.6	3,654	9.3	3,633	9.3
85 and over	517	1.6	719	2.1	865	2.4	1,380	3.8	2,011	5.2	2,234	5.8
65 and over	4,302	13.2	5,722	16.6	7,851	21.9	9,420	25.8	10,044	25.8	10,570	27.2
Medium growth												
	2006		2016		2026		2036		2046		2056	
	000s	percent	000s	percent	000s	percent	000s	percent	000s	percent	000s	percent
	32,547	...	35,267	...	37,883	...	39,999	...	41,444	...	42,511	...
65 to 74	2,272	7.0	3,344	9.5	4,511	11.9	4,687	11.7	4,661	11.2	5,149	12.1
75 to 84	1,516	4.7	1,718	4.9	2,627	6.9	3,634	9.1	3,850	9.3	3,942	9.3
85 and over	518	1.6	738	2.1	909	2.4	1,471	3.7	2,171	5.2	2,458	5.8
65 and over	4,306	13.2	5,799	16.4	8,046	21.2	9,792	24.5	10,682	25.8	11,549	27.2
High growth												
	2006		2016		2026		2036		2046		2056	
	000s	percent	000s	percent	000s	percent	000s	percent	000s	percent	000s	percent
	32,560	...	36,052	...	39,931	...	43,575	...	46,756	...	49,659	...
65 to 74	2,273	7.0	3,375	9.4	4,591	11.5	4,840	11.1	4,956	10.6	5,624	11.3
75 to 84	1,518	4.7	1,743	4.8	2,696	6.8	3,764	8.6	4,048	8.7	4,264	8.6
85 and over	519	1.6	757	2.1	952	2.4	1,563	3.6	2,335	5.0	2,693	5.4
65 and over	4,309	13.2	5,875	16.3	8,239	20.6	10,167	23.3	11,339	24.3	12,581	25.3

... not applicable

Sources: Statistics Canada, Population Projections for Canada, Provinces and Territories, 2005.

Table 1.2

Percentage and number of seniors in the population, by province and territory, 2005

	Age 0 to 17		Age 18 to 64		Age 65 and over		Total	
	number	percent	number	percent	number	percent	number	percent
Canada	6,967,853	21.6	21,084,876	65.3	4,217,778	13.1	32,270,594	100.0
Newfoundland and Labrador	101,458	19.7	346,758	67.2	67,745	13.1	516,048	100.0
Prince Edward Island	30,529	22.1	88,133	63.8	19,451	14.1	138,199	100.0
Nova Scotia	189,490	20.2	614,828	65.6	133,571	14.2	937,975	100.0
New Brunswick	150,784	20.1	496,511	66.0	104,711	13.9	752,092	100.0
Quebec	1,538,081	20.2	5,014,404	66.0	1,045,661	13.8	7,598,232	100.0
Ontario	2,777,653	22.1	8,155,059	65.0	1,608,698	12.8	12,541,497	100.0
Manitoba	282,600	24.0	736,367	62.5	158,589	13.5	1,177,643	100.0
Saskatchewan	240,950	24.2	606,074	61.0	147,102	14.8	994,211	100.0
Alberta	763,440	23.4	2,152,823	66.1	340,553	10.5	3,256,906	100.0
British Columbia	860,899	20.2	2,806,867	66.0	586,756	13.8	4,254,608	100.0
Yukon Territory	7,067	22.8	21,768	70.2	2,153	6.9	31,081	100.0
Northwest Territories	12,612	29.3	28,370	66.0	2,000	4.7	43,077	100.0
Nunavut	12,290	41.0	16,914	56.4	788	2.6	30,089	100.0

Sources: Statistics Canada, Estimates of Total Population, Canada, Provinces and Territories; Vital statistics - birth and death, 2005.

Table 1.3

Projections of the share of the population comprised of seniors, by province and territory, medium growth and medium interprovincial migration, 2011 to 2031

	2011	2016	2021	2026	2031	percent
Newfoundland and Labrador	15.8	19.4	23.1	26.6	29.5	
Prince Edward Island	15.4	18.6	21.3	24.0	26.4	
Nova Scotia	16.1	19.0	22.0	25.3	28.1	
New Brunswick	15.9	19.0	22.2	25.6	28.6	
Quebec	15.6	17.9	20.4	23.1	25.3	
Ontario	13.9	15.7	17.6	19.9	22.1	
Manitoba	14.1	15.7	17.6	19.9	21.7	
Saskatchewan	15.4	17.1	19.7	22.6	24.9	
Alberta	11.8	13.8	16.3	19.2	21.4	
British Columbia	15.1	17.2	19.6	22.0	24.1	
Yukon Territory	9.8	13.1	15.9	18.0	19.7	
Northwest Territories	6.3	8.8	10.8	12.9	15.1	
Nunavut	3.2	4.1	4.6	5.5	5.7	

Sources: Statistics Canada, Population Projections for Canada, Provinces and Territories, 2005.

Table 1.4
Distribution of seniors and non-seniors across the provinces and territories, 1981, 1991, 2001, 2005 and projection for 2026

	1981		1991		2001		2005		2026	
	Non-seniors		Non-seniors		Non-seniors		Non-seniors		Non-seniors	
	Seniors	Seniors	Seniors	Seniors	Seniors	Seniors	Seniors	Seniors	Seniors	Seniors
number in thousands										
Newfoundland and Labrador	530.7	44.1	523.8	55.7	458.6	63.3	448.2	67.7	373.9	135.2
Prince Edward Island	108.8	15.0	113.2	17.1	118.0	18.6	118.7	19.5	112.5	35.5
Nova Scotia	761.8	92.9	800.8	114.3	804.8	127.5	804.3	133.6	729.3	246.6
New Brunswick	635.4	71.0	656.0	89.5	650.3	99.6	647.3	104.7	571.4	196.9
Quebec	5,974.5	573.2	6,282.3	782.3	6,431.8	965.2	6,552.5	1,045.7	6,384.4	1,922.6
Ontario	7,937.2	874.1	9,222.8	1,205.3	10,408.4	1,489.3	10,932.7	1,608.7	12,392.7	3,079.4
Manitoba	914.2	122.2	961.9	147.7	994.1	157.2	1,019.0	158.6	1,060.8	263.2
Saskatchewan	859.3	116.5	861.6	141.1	852.1	148.1	847.0	147.1	756.1	220.9
Alberta	2,129.2	165.0	2,359.8	232.9	2,746.2	310.5	2,916.3	340.6	3,235.2	767.0
British Columbia	2,522.7	301.2	2,944.8	428.7	3,538.8	539.6	3,667.8	586.8	4,115.9	1,164.0
Yukon Territory	23.1	0.8	27.8	1.1	28.4	1.8	28.8	2.2	27.3	6.0
Northwest Territories with Nunavut	46.1	1.4	..	..	..	..	..	..	..	..
Northwest Territories	..	..	37.5	1.2	39.1	1.7	41.0	2.0	46.0	6.8
Nunavut	..	..	21.7	0.4	27.5	0.6	29.2	0.8	31.1	1.8
Total	22,443	2,377	24,814.1	3,217.3	27,098.2	3,923.1	28,052.7	4,217.8	29,836.6	8,045.9
percent										
Newfoundland and Labrador	2.4	1.9	2.1	1.7	1.7	1.6	1.6	1.6	1.3	1.7
Prince Edward Island	0.5	0.6	0.5	0.5	0.4	0.5	0.4	0.5	0.4	0.4
Nova Scotia	3.4	3.9	3.2	3.6	3.0	3.3	2.9	3.2	2.4	3.1
New Brunswick	2.8	3.0	2.6	2.8	2.4	2.5	2.3	2.5	1.9	2.4
Quebec	26.6	24.1	25.3	24.3	23.7	24.6	23.4	24.8	21.4	23.9
Ontario	35.4	36.8	37.2	37.5	38.4	38.0	39.0	38.1	41.5	38.3
Manitoba	4.1	5.1	3.9	4.6	3.7	4.0	3.6	3.8	3.6	3.3
Saskatchewan	3.8	4.9	3.5	4.4	3.1	3.8	3.0	3.5	2.5	2.7
Alberta	9.5	6.9	9.5	7.2	10.1	7.9	10.4	8.1	10.8	9.5
British Columbia	11.2	12.7	11.9	13.3	13.1	13.8	13.1	13.9	13.8	14.5
Yukon Territory	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1
Northwest Territories with Nunavut	0.2	0.1	..	..	..	..	..	..	..	..
Northwest Territories	..	..	0.2	0.0	0.1	0.0	0.1	0.0	0.2	0.1
Nunavut	..	..	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

.. not available for a specific reference period

Sources: Statistics Canada, Censuses of Canada, Population Projections for Canada, Provinces and Territories, 2005.

Table 1.5**Distribution of seniors across the rural to urban spectrum, by age group, Canada, 2001**

Age group	CMA	CA greater	CA 25,000	CA less	Strong	Moderate	No MIZ ⁵	Total
		than 50,000	to 49,999	than 25,000	MIZ ^{1,2}	MIZ ³		
number								
0 to 64	16,880,000	2,060,541	1,137,053	670,028	1,327,169	1,916,982	1,709,829	310,729 26,012,331
65 and over	2,200,161	329,286	173,225	101,604	181,768	333,953	263,319	41,532 3,624,848
65 to 74	1,276,455	187,756	99,893	58,620	113,722	198,075	148,817	23,537 2,106,875
75 to 84	747,476	115,297	59,906	35,076	56,367	110,960	91,338	14,141 1,230,561
85 and over	176,230	26,233	13,426	7,908	11,679	24,918	23,164	3,854 287,412
percent								
0 to 64	64.9	7.9	4.4	2.6	5.1	7.4	6.6	1.2 100.0
65 and over	60.7	9.1	4.8	2.8	5.0	9.2	7.3	1.1 100.0
65 to 74	60.6	8.9	4.7	2.8	5.4	9.4	7.1	1.1 100.0
75 to 84	60.7	9.4	4.9	2.9	4.6	9.0	7.4	1.1 100.0
85 and over	61.3	9.1	4.7	2.8	4.1	8.7	8.1	1.3 100.0

1. MIZ = Metropolitan influenced zone.

2. Strong MIZ - Rural areas where 30% or more of employed residents commute to work in a nearby urban centre.

3. Moderate MIZ - Rural areas where 5% to 29% of employed residents commute to work in a nearby urban centre.

4. Weak MIZ - Rural areas where 1% to 5% of employed resident commute to work in a nearby urban centre.

5. No MIZ - Rural areas where no employed resident commutes to work in a nearby urban centre.

Source: Statistics Canada, 2001 Census of Canada.

Table 1.6

Changes in the share of the population comprised of seniors in 25 CMAs, 1986, 1996 and 2004

	1986	1996	2004	Percentage point change 1986 to 2004
percent				
St. Catharines-Niagara, Ontario	12.9	16.1	17.3	4.4
Victoria, British Columbia	17.9	17.5	17.1	-0.8
Trois-Rivières, Quebec	10.7	13.1	16.0	5.3
Thunder Bay, Ontario	10.4	13.8	15.0	4.6
Hamilton, Ontario	11.2	13.7	14.2	3.0
Greater Sudbury, Ontario	8.7	11.6	13.9	5.2
Chicoutimi - Jonquière, Quebec	7.1	10.8	13.8	6.7
Quebec, Quebec	9.4	11.5	13.5	4.1
Sherbrooke, Quebec	10.4	12.1	13.4	3.0
Winnipeg, Manitoba	12.1	13.2	13.3	1.2
London, Ontario	11.4	12.4	13.1	1.8
Montreal, Quebec	10.1	12.0	13.0	3.0
Saint John, New Brunswick	12.1	12.5	13.0	0.8
Regina, Saskatchewan	10.4	11.6	12.6	2.2
Windsor, Ontario	11.6	12.6	12.2	0.6
Vancouver, British Columbia	11.8	11.6	12.1	0.2
Saskatoon, Saskatchewan	10.0	11.0	11.8	1.8
Halifax, Nova Scotia	8.9	10.1	11.1	2.2
Toronto, Ontario	9.5	10.8	11.1	1.6
Kitchener, Ontario	9.5	10.7	11.0	1.5
Ottawa-Gatineau, Ontario and Quebec	8.8	10.1	10.9	2.1
Edmonton, Alberta	7.3	9.7	10.7	3.4
Oshawa, Ontario	7.7	9.7	10.6	2.9
St. John's, Newfoundland and Labrador	9.6	9.9	10.6	1.0
Calgary, Alberta	6.9	8.6	9.1	2.2

Source: Statistics Canada, Census of Canada, Estimates of Population by Age and Sex for Census Divisions, Census Metropolitan Areas and Economic Regions (Component Method).

Table 1.7

**Cities and towns experiencing a 'significant' increase¹ in the share of the population comprised of seniors:
Selected demographic characteristics, 1991 to 2001**

	Percent change in total population 1991 to 2001	Percent change in number of persons aged 0 to 44 1991 to 2001	Percent change in number of persons aged 65 or older 1991 to 2001	Percentage point increase in seniors' share of total population 1991 to 2001
Group 1 - Total	-9.9	-24.2	26.7	4.1
Bathurst, N.B.	-34.1	-46.9	-11.8	3.2
Grand Falls-Windsor, N.L.	-25.0	-38.5	7.0	4.0
Corner Brook, N.L.	-23.9	-37.1	15.0	4.6
Elliot Lake, Ont.	-20.7	-50.1	119.0	15.8
Thetford Mines, Que.	-13.3	-29.8	30.4	6.2
Sorel-Tracy, Que.	-12.1	-30.1	27.7	4.7
Baie-Comeau, Que.	-11.8	-25.0	52.5	4.0
Kitimat, B.C.	-8.7	-22.0	83.9	3.8
Shawinigan, Que.	-7.8	-21.3	16.9	3.8
Sault Ste. Marie, Ont.	-7.2	-20.1	28.1	4.3
Rouyn-Noranda, Que.	-6.4	-19.1	25.8	2.8
Joliette, Que.	-6.4	-20.3	23.3	3.4
Rivière-du-Loup, Que.	-5.0	-20.5	17.9	2.7
Campbelton, N.B.	-4.8	-16.3	23.0	3.2
La Tuque, Que.	-4.8	-18.4	27.2	3.8
Port Alberni, B.C.	-4.2	-18.7	32.9	4.2
Salaberry-de-Valleyfield, Que.	-3.3	-15.7	15.6	2.5
Dolbeau-Mistassini, Que.	-1.8	-16.5	39.4	3.4
Sept-Îles, Que.	-1.1	-13.6	70.9	3.8
Powell River, B.C.	-0.4	-14.2	27.3	3.5
Alma, Que.	-0.2	-14.4	62.6	4.5
Group 2 - Total	3.9	-9.3	31.3	3.0
Granby, Que.	0.4	-13.0	26.6	2.5
Sarnia, Ont.	0.7	-12.9	32.6	3.7
North Bay, Ont.	0.9	-9.3	23.9	2.5
Gander, N.L.	2.5	-13.1	57.5	3.9
Owen Sound, Ont..	4.1	-9.5	22.4	2.5
Courtenay, B.C.	6.1	-8.1	37.6	3.8
Terrace, B.C.	6.4	-6.0	71.2	2.9
Hawkesbury, Ont.	6.5	-6.5	31.0	3.0
Vernon, B.C.	7.7	-4.4	26.0	2.6
Campbell River, B.C.	10.4	-5.1	45.6	2.5
Magog, Que.	10.5	-5.6	36.1	2.6
Group 3 - Total	28.8	13.7	62.9	2.9
Cobourg, Ont..	14.9	0.0	43.0	3.9
Tillsonburg, Ont..	17.8	7.8	42.3	3.6
Kamloops, B.C.	28.9	13.8	71.0	3.0
Cranbrook, B.C.	49.1	28.7	87.9	2.6

1. A 'significant' increase is defined as an increase of 2.5 percentage points or more in the share of seniors in the total population.

Sources: Statistics Canada, Censuses of Canada.

Table 1.8

Selected characteristics associated with residential mobility among non-institutionalized seniors, Canada, 2001

	Non-institutionalized seniors who changed addresses in past five years			
	Persons aged			
	65 and over	65 to 74	75 to 84	85 and over
percent				
Total	19.2	20.0	18.0	18.2
Women	19.7	20.3	19.0	18.7
Men	18.5	19.6	16.6	17.3
Current marital status				
Married or common-law	16.4	17.1	15.0	15.3
Never married	20.1	21.7	18.2	17.4
Separated or divorced	31.2	33.2	25.8	26.6
Widowed	21.8	24.2	20.8	19.3
Health status				
No activity limitation	18.1	18.9	16.2	15.8
Sometimes limited	19.3	21.0	17.9	17.0
Often limited	22.2	23.5	21.5	20.6
Current housing tenure				
Owned	13.7	14.7	12.2	12.4
Rented	35.9	39.9	33.1	28.4
Current housing type and tenure				
Owned - single detached	10.5	11.5	8.6	10.2
Rented - single detached	30.9	35.0	26.1	21.2
Owned - detached duplex-row house	24.4	25.8	22.6	18.3
Rented - detached duplex-row house	37.7	40.7	35.3	30.8
Owned - apartment	25.4	26.9	24.4	20.1
Rented - apartment	36.4	40.6	33.6	28.8
Owned - mobile	23.2	24.8	21.0	16.0
Rented - mobile	46.1	49.0	41.5	36.3

Source: Statistics Canada, 2001 Census of Canada.

Table 1.9

Mobility among renters and owners, by age group, 1981 to 2001

	Percent of seniors who changed addresses in previous five years		
	1981	1991	2001
Age 65 and over – Total	26.0	23.1	19.2
Owners	15.9	15.7	13.7
Renters	47.2	38.1	35.9
Age 65 to 74 – Total	27.1	23.6	20.0
Owners	16.9	16.4	14.7
Renters	50.5	42.4	39.9
Age 75 to 84 – Total	24.3	22.0	18.0
Owners	13.5	13.9	12.2
Renters	43.0	33.7	33.1
Age 85 and over – Total	22.4	23.3	18.2
Owners	15.2	15.7	12.4
Renters	35.5	29.2	28.4

Sources: Statistics Canada, Censuses of Canada.

Table 1.10

Residential mobility patterns among seniors who changed addresses in the previous five years, by age group, 2001

	Age	Age
	65 to 74	75 and over
		percent
Moved within the same CMA ¹	48.4	48.4
Moved within the same CA ¹	10.0	11.9
Moved within the same rural and small town area (RSTA) ²	8.5	10.4
Moved between CMAs	5.4	5.5
Moved from more to less urban area*	10.1	7.1
Moved from less to more urban area**	8.6	9.6
Moved from outside of Canada	5.3	3.5
Other***	3.7	3.6
Total	100.0	100.0

1. A census metropolitan area (CMA) has an urban core population of 100,000 and over and a census agglomeration (CA) has an urban core population of 10,000 to 99,999. Both CMAs and CAs include all neighbouring municipalities where 50 percent or more of the workforce commutes to the urban core.

2. Rural and small town areas are towns or municipalities outside the commuting zone of CMAs and CAs.

* Includes moving from CMA to CA; from CMA to RSTA; from CA to RSTA.

** Includes moving from CA to CMA; RSTA to CA; RSTA to CMA.

*** Includes moving between CAs and between RSTA.

Note: Rural and small town areas are disaggregated into four metropolitan influenced zones (MIZ) sub-groups based on the size of commuting flows in the workforce to any CMA or CA. The Strong MIZ category comprises areas with a commuting flow of 30 percent or more. The Moderate MIZ category comprises areas with a commuting flow between five percent and thirty percent. The Weak MIZ category comprises areas with a commuting flow of more than zero percent and less than five percent. The No MIZ category comprises those areas where no individuals commute to a CMA/CA.

Source: Statistics Canada, 2001 Census of Canada.

Table 1.11

Immigrant status and period of immigration for seniors and non-seniors, by age group, 2001

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 to 84	Age 85 and over	Age 65 and over
percent						
All						
Before 1961	1.3	6.5	13.6	16.7	17.1	14.9
1961 to 1970	2.3	8.9	6.0	3.6	3.4	5.0
1971 to 1980	4.7	5.9	3.3	3.1	3.9	3.3
1981 to 1990	5.1	2.7	2.6	2.8	2.5	2.7
1991 to 2001	7.9	3.2	3.1	1.9	1.5	2.6
Non immigrant	77.9	72.6	71.2	71.9	71.3	71.4
Non permanent resident	0.8	0.2	0.2	0.2	0.3	0.2
Total immigrants	21.3	27.2	28.6	28.0	28.4	28.4
Men						
Before 1961	1.3	6.6	14.8	18.0	19.8	16.1
1961 to 1970	2.3	9.0	6.4	3.7	3.4	5.4
1971 to 1980	4.6	6.3	3.3	2.7	3.9	3.2
1981 to 1990	5.0	2.7	2.3	2.7	2.7	2.5
1991 to 2001	7.5	2.9	2.9	1.9	1.6	2.5
Non immigrant	78.5	72.4	70.1	70.7	68.4	70.2
Non permanent resident	0.8	0.2	0.2	0.2	0.3	0.2
Total immigrants	20.7	27.4	29.8	29.1	31.3	29.7
Women						
Before 1961	1.2	6.4	12.6	15.7	15.7	14.0
1961 to 1970	2.3	8.8	5.6	3.5	3.5	4.6
1971 to 1980	4.8	5.6	3.3	3.3	3.9	3.3
1981 to 1990	5.2	2.7	2.9	2.8	2.4	2.8
1991 to 2001	8.2	3.5	3.2	1.9	1.5	2.6
Non immigrant	77.5	72.8	72.2	72.6	72.7	72.4
Non permanent resident	0.8	0.3	0.2	0.2	0.3	0.2
Total immigrants	21.8	27.0	27.6	27.1	26.9	27.4

Source: Statistics Canada, 2001 Census of Canada.

Table 1.12

Place of birth, by age group, 1981 to 2001

	Age 25 to 64			Age 65 and over		
	1981	1991	2001	1981	1991	2001
	percent					
Canada	78.6	78.6	76.8	70.0	73.3	71.3
North America	1.3	1.2	1.1	3.4	2.0	1.5
Central America	0.1	0.3	0.5	0.0	0.1	0.1
Caribbean	1.0	1.2	1.4	0.3	0.5	0.9
South America	0.5	0.8	1.0	0.1	0.3	0.5
Northern Europe	5.0	3.6	2.7	11.7	8.1	6.2
Western Europe	3.0	2.3	1.7	2.8	2.9	3.8
Southern Europe	4.8	3.9	3.0	3.1	3.7	5.6
Eastern Europe	2.1	1.6	1.7	6.8	5.5	4.0
Africa	0.6	0.9	1.3	0.2	0.4	0.6
South Asia	0.8	1.3	2.3	0.3	0.6	1.3
Southeast Asia	0.7	1.6	2.2	0.2	0.6	1.0
East Asia	1.1	1.9	3.1	1.0	1.5	2.7
West Asia	0.3	0.7	1.1	0.2	0.3	0.5
Oceania & other	0.2	0.2	0.3	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Sources: Statistics Canada, Censuses of Canada.

Table 1.13

Immigrant seniors in Canada, by province and period of arrival, 2001

	Before 1961	1961 to 1970	1971 to 1980	1981 to 1990	1991 to 2001	Total
number						
Canada	541,230	179,965	118,025	96,790	92,275	1,028,285
Newfoundland and Labrador	990	340	260	70	80	1,740
Prince Edward Island	745	200	185	85	20	1,235
Nova Scotia	5,815	1,755	1,205	550	440	9,765
New Brunswick	3,415	935	640	310	190	5,490
Quebec	58,475	28,885	16,905	12,085	8,000	124,350
Ontario	298,275	101,155	59,985	50,575	51,570	561,560
Manitoba	18,935	4,265	2,975	2,335	1,320	29,830
Saskatchewan	10,640	1,975	1,120	640	565	14,940
Alberta	44,095	10,545	9,760	8,800	6,710	79,910
British Columbia	99,510	29,785	24,915	21,275	23,310	198,795
column percent						
Newfoundland and Labrador	0.2	0.2	0.2	0.1	0.1	0.2
Prince Edward Island	0.1	0.1	0.2	0.1	0.0	0.1
Nova Scotia	1.1	1.0	1.0	0.6	0.5	0.9
New Brunswick	0.6	0.5	0.5	0.3	0.2	0.5
Quebec	10.8	16.1	14.3	12.5	8.7	12.1
Ontario	55.1	56.2	50.8	52.3	55.9	54.6
Manitoba	3.5	2.4	2.5	2.4	1.4	2.9
Saskatchewan	2.0	1.1	0.9	0.7	0.6	1.5
Alberta	8.1	5.9	8.3	9.1	7.3	7.8
British Columbia	18.4	16.6	21.1	22.0	25.3	19.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
row percent						
Canada	52.6	17.5	11.5	9.4	9.0	100.0
Newfoundland and Labrador	56.7	19.5	14.9	4.0	4.6	100.0
Prince Edward Island	60.1	16.1	14.9	6.9	1.6	100.0
Nova Scotia	59.5	18.0	12.3	5.6	4.5	100.0
New Brunswick	62.1	17.0	11.6	5.6	3.5	100.0
Quebec	47.0	23.2	13.6	9.7	6.4	100.0
Ontario	53.1	18.0	10.7	9.0	9.2	100.0
Manitoba	63.5	14.3	10.0	7.8	4.4	100.0
Saskatchewan	71.2	13.2	7.5	4.3	3.8	100.0
Alberta	55.2	13.2	12.2	11.0	8.4	100.0
British Columbia	50.1	15.0	12.5	10.7	11.7	100.0

Source: Statistics Canada, 2001 Census of Canada.

Table 1.14

Visible minorities in the population, by age group, 1981, 1991 and 2001

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 to 84	Age 85 and over	Age 65 and over
percent						
2001						
Black	2.1	1.6	1.0	0.7	0.8	0.9
South Asian	3.1	2.5	1.9	1.1	1.0	1.5
Chinese	3.7	2.6	3.1	2.5	2.2	2.8
Korean	0.4	0.3	0.1	0.1	0.1	0.1
Japanese	0.3	0.2	0.3	0.3	0.4	0.3
South East Asian	0.7	0.3	0.3	0.2	0.1	0.3
Filipino	1.2	0.8	0.5	0.5	0.5	0.5
West Asian and Arab	1.1	0.6	0.4	0.3	0.2	0.4
Latin American	0.8	0.4	0.2	0.2	0.2	0.2
Not in a visible minority	86.1	90.3	91.9	94.0	94.4	92.8
Other visible minorities	0.2	0.1	0.1	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
1991						
Black	1.9	1.1	0.8	0.7	0.8	0.7
South Asian	2.0	1.3	0.9	0.6	0.5	0.8
Chinese	2.4	2.0	1.7	1.5	1.5	1.6
Korean	0.2	0.1	0.1	0.1	0.0	0.1
Japanese	0.2	0.3	0.3	0.2	0.3	0.2
South East Asian	0.5	0.2	0.2	0.1	0.1	0.2
Filipino	0.7	0.3	0.4	0.3	0.2	0.3
West Asian and Arab	1.1	0.7	0.6	0.5	0.4	0.5
Latin American	0.5	0.2	0.1	0.1	0.1	0.1
Not in a visible minority	90.3	93.7	95.1	95.9	96.2	95.4
Other visible minorities	0.2	0.1	0.1	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
1981						
Black	1.3	0.4	0.4	0.3	0.3	0.4
South Asian	1.1	0.4	0.3	0.2	0.2	0.3
Chinese	1.4	0.8	0.9	0.9	0.9	0.9
Korean	0.1	0.1	0.1	0.0	0.0	0.0
Japanese	0.2	0.2	0.2	0.2	0.2	0.2
South East Asian	0.2	0.1	0.0	0.0	0.0	0.0
Filipino	0.4	0.2	0.2	0.1	0.0	0.1
West Asian and Arab	0.5	0.3	0.3	0.3	0.3	0.3
Latin American	0.3	0.1	0.1	0.0	0.0	0.1
Not in a visible minority	94.5	97.5	97.5	98.1	98.1	97.7
Other visible minorities	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Statistics Canada, 2001 Census of Canada.

Table 1.15
Age distribution, by Aboriginal identity group and age group, 2001

Age group	Total - Aboriginal	North American Indian			Inuit	Total Non-Aboriginal
		Métis	percent of population	Inuit		
Under 25 years	50.0	52.0	47.0	57.0		32.0
25 to 54	40.0	39.0	43.0	36.0		46.0
55 to 64	5.0	5.0	6.0	4.0		10.0
65 to 74	3.0	3.0	3.0	2.0		7.0
75 and over	1.0	1.0	1.0	1.0		5.0
Total	100.0	100.0	100.0	100.0		100.0
Total population	976,310	608,850	292,310	45,075		28,662,725

Source: Statistics Canada, 2001 Census of Canada.

Table 1.16
Aboriginal population, by province and territory, 2001

	Aboriginal Seniors	Aboriginal seniors as a percentage of the total Aboriginal population in each region		Aboriginal seniors as a percentage of all seniors in region
		number	percent	
Newfoundland and Labrador	875	2.2	4.7	1.5
Prince Edward Island	80	0.2	5.9	0.5
Nova Scotia	670	1.7	3.9	0.6
New Brunswick	755	1.9	4.4	0.8
Quebec	4,555	11.5	5.7	0.5
Ontario	8,630	21.7	4.6	0.6
Manitoba	5,535	13.9	3.7	3.8
Saskatchewan	4,210	10.6	3.2	3.1
Alberta	5,135	12.9	3.3	1.8
British Columbia	7,240	18.2	4.3	1.4
Yukon Territory	345	0.9	5.3	21.0
Northwest Territories	1,020	2.6	5.4	65.0
Nunavut	625	1.6	2.8	90.6
Canada	39,675	100.0	4.1	1.1

Source: Statistics Canada, 2001 Census of Canada.

Table 1.17**Aboriginal and Non-Aboriginal People, by age group and area of residence, 2001**

	Age 25 to 54	Age 55 to 64	Age 65 and over percent	Age 65 to 74	Age 75 and over
Aboriginal					
Reserve	27.0	28.0	34.0	33.0	36.0
Rural non-reserve	20.0	25.0	23.0	24.0	21.0
CMA ¹	32.0	27.0	23.0	23.0	24.0
Urban non-CMA	22.0	21.0	20.0	20.0	20.0
Total Urban	54.0	47.0	43.0	43.0	44.0
North American Indian					
Reserve	42.0	45.0	53.0	52.0	54.0
Rural non-reserve	12.0	15.0	14.0	15.0	12.0
CMA	28.0	23.0	18.0	18.0	17.0
Urban non-CMA	18.0	17.0	15.0	15.0	16.0
Total Urban	46.0	40.0	33.0	33.0	34.0
Metis					
Reserve	2.0	2.0	2.0	2.0	2.0
Rural non-reserve	29.0	36.0	36.0	37.0	33.0
CMA	41.0	35.0	34.0	33.0	37.0
Urban non-CMA	28.0	26.0	28.0	28.0	28.0
Total Urban	69.0	62.0	62.0	61.0	65.0
Inuit					
Reserve	4.0	6.0	6.0	6.0	6.0
Rural non-reserve	65.0	72.0	75.0	73.0	78.0
CMA	9.0	4.0	4.0	4.0	2.0
Urban non-CMA	22.0	18.0	17.0	17.0	16.0
Total Urban	31.0	22.0	20.0	21.0	18.0
Non-Aboriginal					
Reserve	..	..	..	..	..
Rural non-reserve	19.0	23.0	19.0	21.0	17.0
CMA	63.0	58.0	58.0	58.0	59.0
Urban non-CMA	18.0	19.0	22.0	21.0	24.0
Total Urban	81.0	77.0	80.0	79.0	82.0

.. not available for a specific reference period

1. A census metropolitan area (CMA).

Source: Statistics Canada, 2001 Census of Canada.

Endnotes

- 1 This publication is the fourth edition of *A Portrait of Seniors in Canada*. While its form has slightly changed from the previous edition (released in 1999), the fourth edition updates many data that were presented in it.
- 2 Although the definition of a rural and small town area is based on commuter flow thresholds, its application is not limited to labour market issues. In broader terms, commuter flows proxy “access” of a population to services such as, health and education facilities, financial institutions, shopping centres, cultural centres and sports facilities (for more details, see: Du Plessis et al., 2002).
- 3 There is no standard method to identify a community that is ‘aging rapidly’. The 2.5 percentage point increase between 1991 and 2001 was chosen because it is well above the 1.9 percentage point increase averaged across all communities and allowed us to capture communities with different characteristics. Our analysis is based on 105 census agglomerations (CA) that had populations of approximately 10,000 to 150,000 in 2001. Five census agglomerations – Amos QC, Petawawa Ont, Brooks Alb, Squamish BC and Parksville BC - were excluded because they were not classified as CAs in 1991. Three others – Norfolk Ont, Kawartha Lakes Ont and Chatham-Kent Ont – were excluded because of large boundary changes between 1991 and 2001. For the other 105 CAs in the analysis, adjustments were not made to account for boundary changes over the 1991 to 2001 period.
- 4 Cobourg Ontario is an exception in that its total population was the same in 1991 and 2001.
- 5 Readers are reminded that the analysis does not include individuals who resided in collective institutions in 2001, such as long-term care facilities. Consequently, the residential mobility figures do not include people who moved from private residences into collective institutions during the five previous years. Residential mobility figures likely underestimate the proportion of movers in the oldest age group (85 and over). In 2001, about 32% of seniors aged 85 and over were living in a collective dwelling. That being said, the proportion of seniors living in institutions has declined significantly since 1981, as home-care programs and community support have enabled many persons to stay in their home longer (Clark, 2005).

Chapter 2

Health, wellness and security

Introduction

All chapters and sections of this report deal, in one way or another, with seniors' well-being. However, the three dimensions highlighted in this chapter are particularly crucial elements to seniors' quality of life.

Few people would disagree that physical and mental health, the broad topic of Section 2.1, is one of the most important determinants of an individual's well-being. Some would even argue that health is synonymous with well-being. In this chapter, the physical and mental health status of the current generation of seniors is compared to that of younger persons. Access to health services, as well as health-related behaviours (physical activity, smoking, alcohol consumption and nutrition), are also compared across age groups. Finally, information is provided about the health of the next generation of seniors –those who are now between 55 and 64 years of age.

Section 2.2 considers another important ingredient of wellness: financial security. Financial resources are not only related to health but also, like health itself, to the possibility of being active as an individual ages. Seniors, and particularly some sub-groups like senior women living alone, are at greater risk of financial insecurity than others in the society. Trends over time, as well as comparisons between age groups and between sub-groups of seniors, will be presented in this chapter.

Finally, Section 2.3 pays attention to a more specific aspect of individuals' wellness: their security from crime.

2.1 Health and wellness

Good health and well-being of seniors is a fundamental objective for older Canadians as well as for society since active participation in their communities depends heavily on seniors' physical and mental health. In this section, various aspects of the health and well-being of seniors are examined, and comparisons are made with younger age groups. When possible, comparisons over time are also presented.

This section also highlights two factors which have been shown to affect the health of people in general: health-related behaviours and access to health services. It should be noted that other important factors also influence the health and well-being of seniors, for example level of education and literacy, social networks, social support and social participation. These topics are covered in other chapters of this report, in which relationships between various indicators of socio-economic status/social participation and health status are presented.

In the first part of this section, different aspects of seniors' physical and mental health, for example, self-perceived health, prevalence of chronic conditions and psychological distress are presented. The last parts of the section provide information on health-related behaviours and access to health services.

General health status

Aging is associated, for most individuals, with a decline in general health and with the onset of different forms of activity limitations. However, data show that a large proportion of seniors still fare very well when compared with younger people.

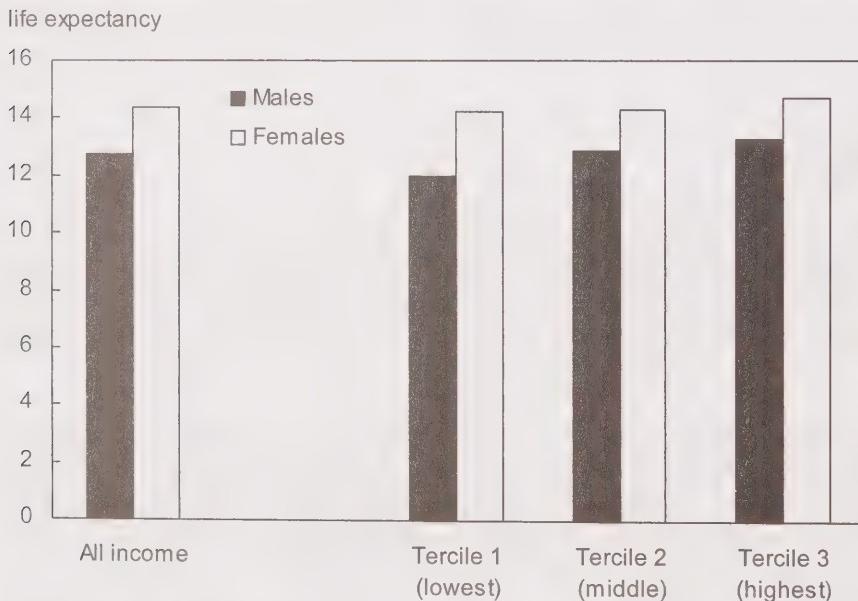
Life expectancy

An increase in life expectancy is generally considered as positive news. In 1901, a woman born in Canada could expect to live, on average, until the age of 50, and a man until the age of 47 (Martel and Bélanger, 2000). In 2003, the life expectancy at birth for a Canadian was about 80 years (Table 2.1.1). Progress in increasing life expectancy has not ended yet; in a period of only four years, between 1997 and 2001, the life expectancy at birth increased by about one year. Younger and older seniors' life expectancy also increased during that short period of time (Table 2.1.2).

While most people view a longer life as desirable, a long life in good health is certainly a more important goal. In 2001, the expectancy of years in good health (or health-adjusted life expectancy) for people at age 65 was estimated at 12.7 years for men and at 14.4 years for women (Chart 2.1.1).¹

Income is one of the well-known factors associated with life expectancy in good health. In 2001, men aged 65 and over in the highest income tercile could expect to live 1.3 more years in good health than men in the lowest tercile (Chart 2.1.1). The difference between senior women in the lowest and highest tercile of income was smaller, at 0.5 years.

Chart 2.1.1
Health-adjusted life expectancy at age 65, by sex and income terciles, 2001



Sources: Statistics Canada, Canadian Community Health Survey; Vital Statistics - Death Database; Census of Population; National Population Health Survey: Health Institutions Component.

Mortality rates

Declines in mortality rates lead directly to increases in life expectancy. (Mortality rates reflect the frequency of death at particular age groups) Between 1991 and 2002, mortality rates declined significantly in all age groups except 90 years or older (Table 2.1.3). For all seniors except those in that age group, the probability of dying was smaller in 2002 than it had been just 11 years before. For example, for every 1000 persons aged 80 to 84 in 2002, 64.8 persons died in that year, compared with 73.8 persons in 1991.

New medical knowledge and technologies, public health measures, income support programs for the elderly and the better general health of the population as it ages can explain the decline in mortality over the last decade or so.

Causes of death

Cancer and heart disease are the main causes of death for seniors (Table 2.1.4). Between 2000 and 2002, deaths caused by cancer have increased slightly among seniors aged 85 and over (a rate of 2,064 per 100,000 in 2000 versus 2,121 per 100,000 in 2002), remained approximately the same in the 75 to 84 age range and declined non-significantly among younger seniors. Since death rates for all causes were declining at the same time, cancer represented a slightly larger proportion of deaths in 2002 than in 2000. For example, among persons aged 75 to 84, cancer was the cause of 28.8% of all deaths in 2000, compared to 27.8% in 2002. Among persons aged 65 to 74, cancer was the cause of 42.2% of all deaths in 2002, compared to 40.9% just 2 years before.

Senior men are more likely to die from cancer than senior women. In 2002, 996.6 per 100,000 men aged 65 to 74 died from cancer, compared to only 650.3 per 100,000 women in the same age group. The same pattern was evident in older age groups, and even more among persons aged 85 and over. Among the 85 years old and over, for deaths caused by cancer, the rate was 1.9 times greater for men than for women.

Between 2000 and 2002, the second main cause of death for seniors, heart disease, has declined (Table 2.1.4). This was true for men and women as well. The prevalence of influenza and pneumonia as causes of death also diminished significantly in the 2000 to 2002 period. For men aged 85 and over, the death rate from influenza and pneumonia declined from 806.9 per 100,000 in 2000 to 704 per 100,000 in 2002, a 13% decrease.

Cancer death rates and new cases of cancers

Table 2.1.5 presents cancer death rates by type of cancer. Malignant neoplasm of trachea, bronchus and lung are responsible for the greatest number of deaths. Death from that cause has increased from 2000 to 2002, especially for older men. In 2002, 599.2 per 100,000 men aged 85 and over died from a malignant neoplasm of trachea, bronchus and lung, while that rate was 530.6 per 100,000 men in 2000.

While prostate cancer for men and breast cancer for women are not the main causes of death, they are cancers most likely to be *diagnosed* among seniors (Table 2.1.6).

Self-perceived health

Self-perceived health is one of the most useful and reliable indicators available in population health surveys. It has been found to be as good as or better indicator of health status than measures such as functional ability, chronic diseases and psychological well-being (Lundberg and Manderbacka, 1996); it

has also been shown to be a good predictor of chronic disease incidence, recovery from illness, functional decline and mortality (Idler and Benyamini, 1997).

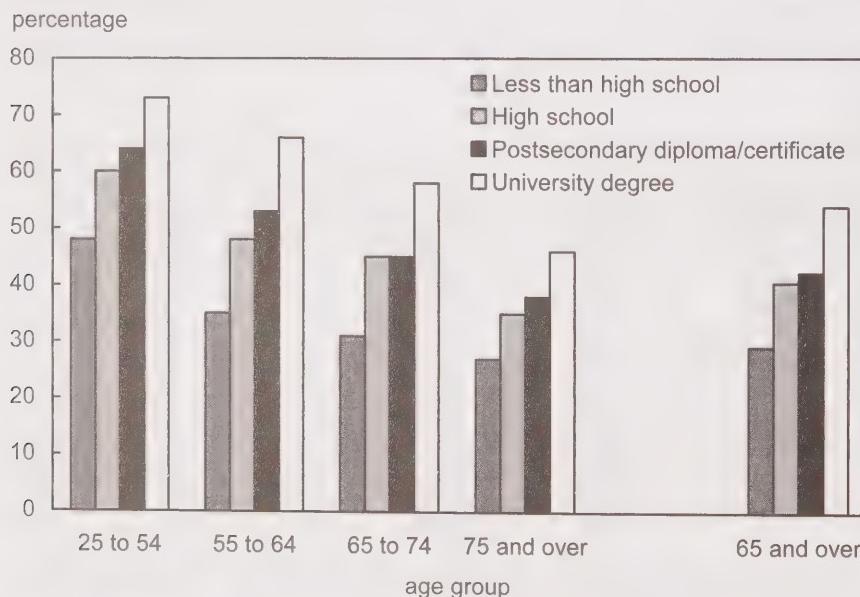
Self-perceived health declines as people age – in other words, seniors are much less likely to describe themselves as being in very good or excellent health than their younger counterparts (Table 2.1.7). This is not surprising given the fact that physical problems tend to increase with age.² Still, a large proportion of seniors report they are in excellent or very good health: 37% in 2003. This compares with 63% of individuals in the 25 to 54 age group.

It is often taken for granted that today's seniors are in better health than their parents or grandparents. However, there were no significant changes from 1994 to 2003 in terms of self-rated health. In 1994/95, 24% of senior men aged 65 to 74 and 23% of women in the same age group reported having fair or poor health. In 2003, the proportions were essentially identical, at 23% of both senior men and women in the 65 to 74 age group. (Unfortunately, comparable data for years before 1994 are not available.)

One of the strongest socio-economic predictors of self-perceived health and other health indicators is level of education. In all age groups, the higher the level of education, the higher the likelihood of reporting an excellent or very good health (Chart 2.1.2). Some comparisons between age groups and across different level of education are particularly revealing. In 2003 for example, university degree holders aged 65 to 74 were more likely to be in excellent or very good health (58%) than 25- to 54-year-olds who had not completed high school (48%).

Chart 2.1.2

Percentage of persons reporting excellent or very good health by age group and level of education, 2003



Source: Statistics Canada, Canadian Community Health Survey, 2003.

The next generation of seniors, that is those aged between 55 and 64, has significantly different characteristics than the current generation in terms of educational attainment. Between 1990 and 2005, the share of 55- to 64-years-old with a postsecondary certificate or degree increased from 7% to 19%.³

(Chart 2.1.3). During the same period, the proportion of near-seniors with less than high school declined from 54% to 25%. Thus in the years ahead, as the first members of the baby boom generation turn 65 (in 2011), the proportion of seniors with some post-secondary education and with a university degree will increase considerably. If the positive correlation between the level of education and health remains the same in the coming years, it is likely that a greater proportion of seniors will state that they are in very good or excellent health in the future.

Chronic conditions

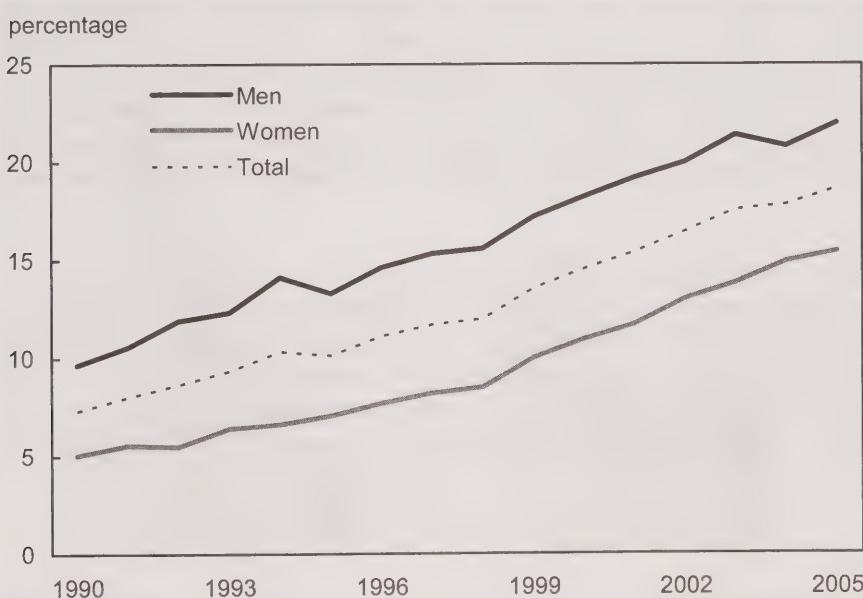
Some chronic conditions are more likely to affect seniors while others, like asthma or back problems, are prevalent in all age groups (Table 2.1.8). Arthritis or rheumatism is the most frequently reported chronic condition among seniors. In 2003, 44% of 65- to 74-year-olds and 51% of those 75 and over reported having arthritis or rheumatism, with higher proportion of women affected than men.

High blood pressure was the second most common chronic condition among seniors. In 2003, more than 40% of seniors were affected by this disease. Women were particularly at risk: half of women aged 75 and over reported that they had been diagnosed with high blood pressure, compared with 37% for men in the same age group.

Obesity, a factor that is highly correlated with the probability of developing high blood pressure and arthritis (Wilkins, 2004), has been on the rise during the past years (Tjepkema, 2005). Unless that trend is reversed, the prevalence of these two chronic conditions will rise over the next years.

Chart 2.1.3

Percentage of persons aged 55 to 64 with a university degree, by sex, 1990 to 2005



Source: Statistics Canada, Labour Force Survey.

Finally, older age groups are especially afflicted with eye-related problems (cataracts and glaucoma) compared to younger persons. In 2003, 28% of seniors aged 75 and over had cataracts. Cataracts can result in progressive though painless loss of vision, and if left untreated, surgery may eventually be

necessary. With the proportion of the population aged 75 and over increasing at a fast rate, it is expected that the demand for cataract surgery will increase in the future.

In 2003, about 79% of senior men and 84% of senior women had a vision problem of some sort (ranging from difficulty reading or watching television to more serious impairments such as being unable to see enough to drive) (Millar, 2004). Most of these seniors had their difficulties corrected; overall, only 4% of seniors had an uncorrected vision problem in 2003, a proportion that increased to 8% at age 80 or older.

Not all chronic conditions have the same repercussions on health; for the senior population, the diseases with the most serious impact on health-related quality of life were Alzheimer's disease, stroke, epilepsy, bowel disorders and urinary incontinence (Schultz and Kopec, 2002).

Activity limitations and dependence

Activity limitations are among the most important factors affecting a person's quality of life and the possibility of their full integration into society. Independence – an important concern for seniors – implies the ability to perform daily activities for oneself. Research has shown a strong positive relationship between self-perceived health and the potential to carry out daily activities without limitation or dependence on others (Shields and Shoostari, 2001).

In 2003, one in ten seniors aged 75 and over living in a private household needed someone else to help with their personal care such as washing, dressing, eating or taking medication (Table 2.1.9). Only one in 100 individuals aged 25 to 54 were in the same situation. However, the proportion of seniors who required help for personal care in 2003 was not significantly different from 1994/95.

Doing housework is the most problematic activity for seniors. In 2003, one-quarter of individuals aged 75 and over said that they needed help to do their everyday housework. It is not known, however, which types of housework seniors found the most difficult to accomplish alone. It is very probable that many seniors are able to do tasks requiring modest physical effort. On the whole, it appears that until age 75, almost all seniors are able to carry on daily activities on their own, including the preparation of meals. In general, seniors did not appear any more or less dependent on others in 2003 than they were in 1994/95.

As stated above, there are indications that dependence on others and/or the illness causing that dependence, has critical consequences for seniors' quality of life. Among those aged 65 and over who needed assistance to move inside the house, 15% said that they were dissatisfied or very dissatisfied with their life in general. This compares to only 3% for those who were able to move around their home. Seniors who needed the help of others for their personal care were also significantly more likely to report lower satisfaction with their life; in 2003, 12% of these individuals said they were dissatisfied or very dissatisfied with their life.

Difficulties in daily activities

An active participation in society might also be compromised if a person has difficulty hearing, seeing, walking, climbing stairs, bending, learning or doing similar activities. All these difficulties, if cumulative, can seriously compromise the quality of life for a person of any age.

Many types of physical and cognitive problems can limit seniors in their daily activities. Mobility difficulties are especially prevalent among older seniors, with 47% of persons aged 85 or over who either cannot walk or who require mechanical support/wheelchair or help from people to get around

(Table 2.1.10). This was the case of only 8% of seniors aged 65 to 74. Hearing and seeing correctly, ability to resolve day to day problems and capacity to remember most things also became more difficult tasks among persons aged 85 and over.

On the other hand sleeping problems and feeling pain or discomfort were not as closely associated with age. About 26% of persons aged 55 to 64 reported having trouble going to sleep or staying asleep, compared with 32% of individuals aged 75 to 84.

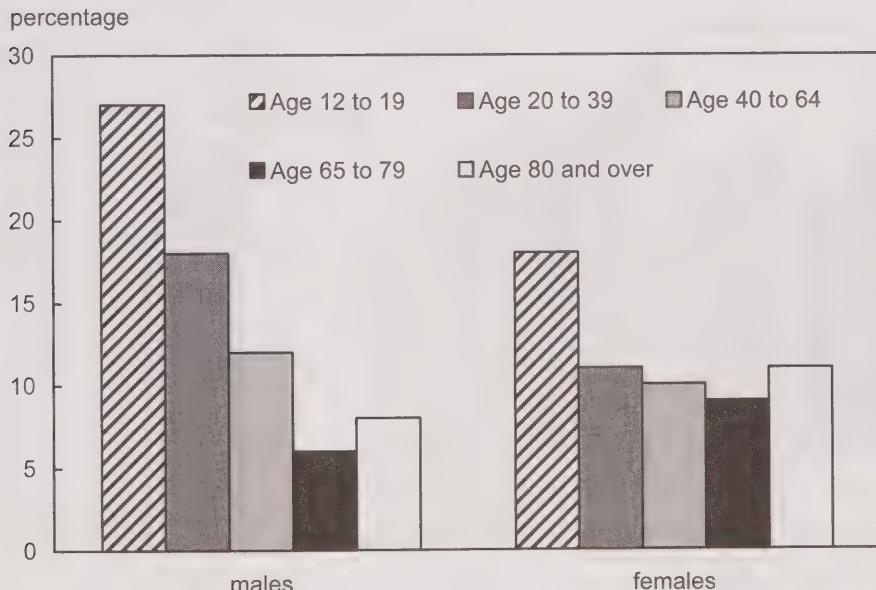
Injuries

Compared to younger persons, seniors are much less likely to get injured – mainly because fewer seniors are taking part in activities in which the likelihood of getting injured is high. In 2000/01, 6% of males and 9% of females aged 65 to 79 were seriously injured; that is, they sustained an injury severe enough to limit their usual activities – a broken bone, a sprain, a bad cut or burn, or a poisoning, for example (Wilkins and Park, 2003). These rates were the lowest observed for all age groups in the population (Chart 2.1.4).

Falls were the leading cause of serious injury for the total population in 2000/01. Among seniors, 53% of injurious falls were caused by slipping, tripping or stumbling (on a non-icy surface). Also, 19% of individuals aged 65 and over who were injured in a fall said that they had slipped or tripped on ice or snow (compared to 13% of people aged 12 to 64).

Chart 2.1.4

Percentage of men and women who were seriously injured in the last year, by age group, 2000/01



Source: Statistics Canada, Canadian Community Health Survey, 2003.

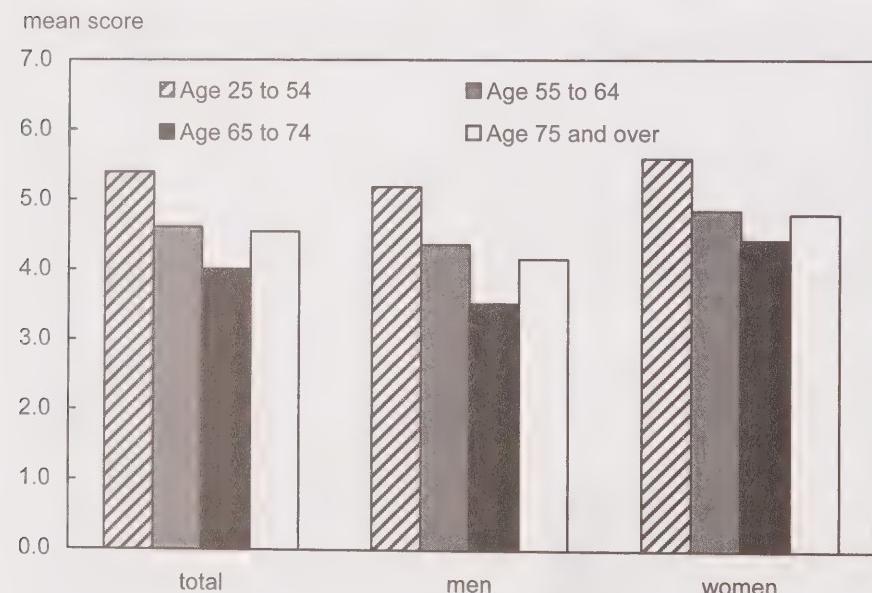
Mental Health

A positive outlook on life is a critical aspect of well-being. Generally speaking, mental health is intimately related to physical health. Not only is mental health a factor influencing physical health but it is also influenced by physical health itself (Beaudet, 1999). As people age, most individuals develop some physical health problems, which can have an impact on morale. Are seniors in a poorer psychological state than younger people? Many indicators, such as the level of psychological distress and well-being, show that it does not seem to be the case.

Psychological distress among seniors

Psychological distress includes feelings of nervousness, sadness, hopelessness, unworthiness, and other negative emotions. Psychological distress declines as people age (higher scores indicate higher level of psychological distress) (Chart 2.1.5). However, in the oldest age group of seniors (aged 75 and over), this declining trend reverses, and while the score for psychological distress is significantly lower than that for the younger population, it equals that for pre-seniors (ages 55 to 64). While resilience and life experience might favour the decrease in the level of psychological distress as people age, physical problems and the higher risk of social isolation might explain why people over 75 expressed higher distress scores.

Chart 2.1.5
Psychological distress score¹ by age group and sex, 2002



1. Psychological distress includes feelings of nervousness, sadness, hopelessness and other negative emotions. The scale ranges from a minimum of 0 to a maximum of 40 (maximum level of psychological distress).

Source: Statistics Canada, Canadian Community Health Survey, 2002.

A simpler way of examining the association between age and psychological distress is to observe the responding patterns on one item included in the psychological distress score – the frequency at which the persons felt sad or depressed in the last month. Younger persons (aged 25 to 54) were the most likely to report that they felt sad or depressed (a little of the time or more often) in the last month (47%). That proportion was lower in the 55 to 64 age group, and was at the lowest for persons aged 65 to 74;

about a third (33%) of seniors in that age group said that they felt sad or depressed in the last month. Persons aged 75 and over were slightly less likely than those aged 65 to 74 to report that they felt sad or depressed none of the time in the last month.

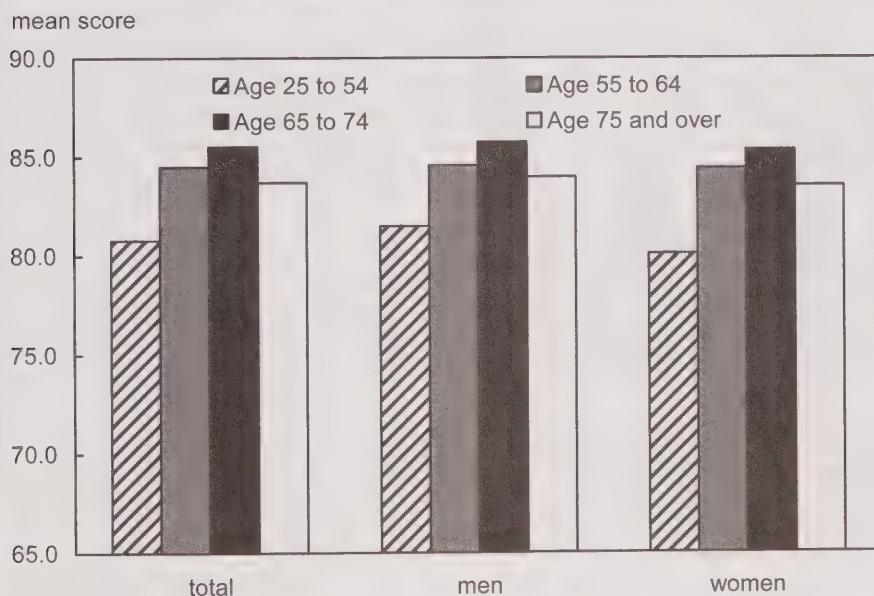
Seniors level of well-being

The relationship between age and well-being (Chart 2.1.6) is very similar to that between age and psychological distress documented above. The well-being scale is a measure of an individual's feelings about various aspects of their life, such as the frequency with which they feel self-confident, satisfied with their accomplishments, loved and appreciated, have goals and ambitions, and so on.

In 2002, seniors were more likely than younger people to have higher scores on the well-being scale. This applied to men as well as women. However, the level of well-being was slightly lower among seniors aged 75 and over than 65- to 74-year-olds.

A good illustration of that is the distribution of responses across age groups for one of the items included in the well-being scale. Participants in the 2002 Canadian Community Health Survey of mental health were asked if, in the last month, they felt satisfied with what they were able to accomplish, they felt proud of themselves. Among individuals aged 65 to 74, 58% said that they were almost always satisfied and proud of themselves, compared to only 40% on those aged 25 to 54. On the other hand, seniors aged 75 and over were slightly less likely than those aged 65 to 74 to report that they were almost always satisfied or proud (55%).

Chart 2.1.6
Score on the well-being scale¹, by age group and sex, 2002



1. The well-being scale is a measure of an individual's feelings about various aspects of their life, such as the frequency with which they feel self-confident, satisfied with their accomplishments, loved and appreciated, have goals and ambitions, and so on. The scale ranges from a minimum of 3 to a maximum of 100 (maximum level).

Source: Statistics Canada, Canadian Community Health Survey, 2002.

Self-rated stress

Stress, when a person is not able to handle it effectively, has been shown to alter the immune response and influence the onset and progression of physical illness (e.g. Kiecolt-Glaser et al., 2002). The self-rated level of stress in the majority of seniors' lives is relatively low when compared to that in younger age groups (Table 2.1.11). In 2002, 63% of seniors aged 75 and over said that their life was not stressful at all or not very stressful; in contrast, only 27% of individuals aged 25 to 54 said the same thing.

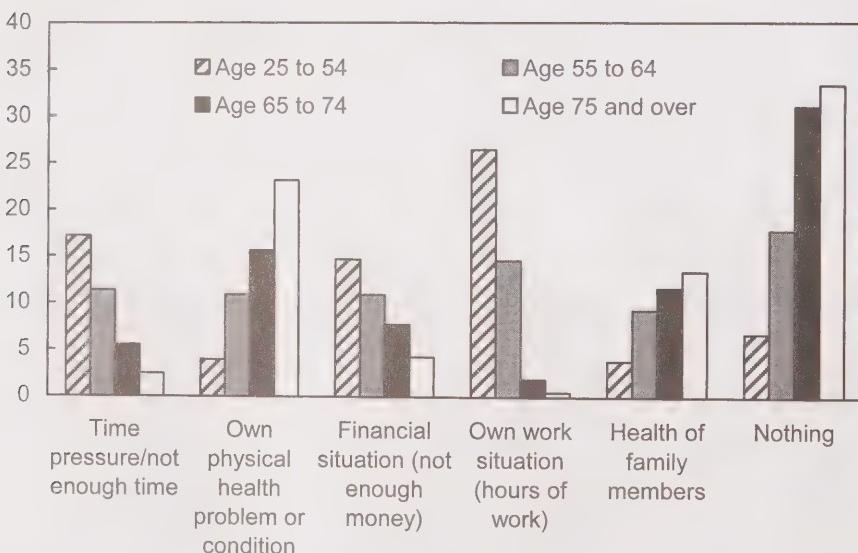
Contrary to the two indicators of mental health presented above (psychological distress, well-being), there is no tendency for older seniors to express a higher level of stress than those in the 65 to 74 age group. In fact, stress continuously declines with age.

Not surprisingly, the sources of stress were somewhat different for younger and older persons. Among 25- to 54-year-olds, the major source of stress in their lives was work, while seniors reported that it was health (Chart 2.1.7). Interestingly, about a third of seniors aged 75 and over (33%) said that nothing in their lives was causing them stress.

Chart 2.1.7

Most important thing contributing to feelings of stress you may have, by age group, 2002

percentage



Source: Statistics Canada, Canadian Community Health Survey, 2002.

Sense of mastery

Sense of mastery refers to the level of control a person feels they have over their life. People with a low level of mastery report, for example, that they have little control over the things that happen to them and that there is little they can do to change many of the important things in their lives. Mastery is an important psychological resource for a person. Research indicates that individuals with higher levels of mastery have greater success in the labour market (Dunifon and Duncan, 1998); mastery has also been reported to have a protective effect against early death (Pennix, van Tilburg, Kriegsman et al.

1997). Moreover, individuals with lower levels of mastery are at higher risk of depression (Beaudet, 1999) and are less efficient in managing stress (Ross and Broh, 2000). The concept of mastery encompasses the core value of seniors' independence, that is, being in control of one's life, being able to do as much for oneself as possible and making one's own choices.

Most people report that they have a somewhat high level of control over their lives (Table 2.1.12). However, this sense of control decreases significantly with age. Only 6% of individuals aged 75 and over had a high score on the mastery scale, compared to 24% of those aged 25 to 54. Many factors are associated with this phenomenon, including physical health status, low level of income and other factors associated with aging. But even after taking into consideration these indicators, age remains a significant correlate of a lower sense of mastery (Milan, 2006). It is possible that aging is associated with a more realistic evaluation of the possibility of being in total control of life. Alternatively, today's seniors might have been socialized in their youth to think that an individual's control over what happens in their life is not necessarily a consequence of their will but of external circumstances.

Health related behaviours

Certain behaviours – both present and past -- have been shown to have an impact on the quality of life and on the likelihood of healthy aging (Martel, Bélanger et al., 2005). They are sometimes referred to as "healthy lifestyles". Three different types of behaviours are examined here: physical activity, smoking and alcohol consumption. Obesity, an indicator of personal behaviour and a factor associated with the development of certain chronic conditions like high blood pressure, is also examined. Finally, the relationship between an individual's level of education and the adoption of positive health-related behaviours is examined.

Consumption of fruit and vegetables

As acknowledged by Health Canada, "healthy eating is fundamental to good health and is a key element in healthy human development, from the prenatal and early childhood years to later life stages".⁴ Fruit and vegetables consumption is a critical component of healthy eating and many studies have shown that eating sufficient quantities of fruits and vegetables on a daily basis can protect against the risk of developing cardiovascular disease and certain cancers (Steinmetz and Potter, 1996).

The Canada Food Guide recommends that an individual should eat between 5 and 10 servings of vegetables a day. In 2003, some 48% of seniors reported that they ate five or more servings of fruit and vegetables per day, compared to 39% of 25- to 54-year-olds. One previous study using Canadian Community Health Survey data from 2000/2001 also found that fruit and vegetable consumption was higher among seniors than among younger people (Pérez, 2002).

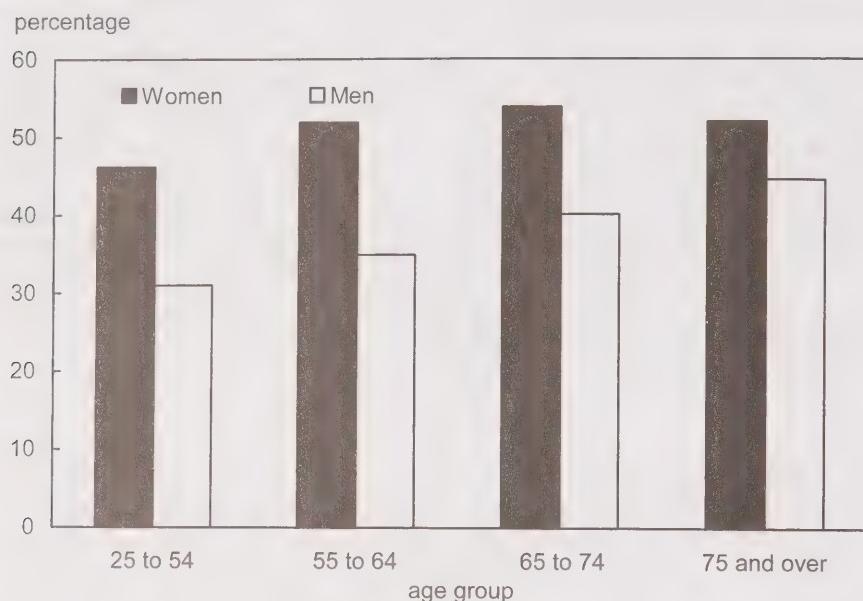
In every age group, women are more likely than men to eat the recommended number of servings of fruits and vegetables per day. However, the gender gap is smaller in the oldest age group: among seniors aged 75 and over, 52% of women ate five or more servings per day, compared to 45% of men.

Physical activity index

Physically active individuals are generally in better health and also have a greater chance of remaining so in future years. Among other positive outcomes, people who are physically active are less susceptible to a number of chronic conditions and emotional problems. Not surprisingly, older seniors are less likely than people in younger age groups to be physically active (Table 2.1.13). However, the differences between younger and older Canadians are not as great as they could have been expected to be. This is especially the case for men.

Chart 2.1.8

Percentage of persons who eat five or more servings of fruit and vegetables per day, by age group and sex, 2003



Source: Statistics Canada, Canadian Community Health Survey, 2002.

In 2003, 27% of men aged 65 to 74 were considered physically active in their leisure time, almost identical to the proportion of men in the 25 to 54 age group (26%). In contrast, a slightly greater proportion of women aged 25 to 54 (22%) than aged 65 to 74 (17%) were active.

After people reach their mid-70s, physical activity levels decline significantly. Two-thirds of individuals in the 75 and over age group were physically inactive, compared to half of people in the 25 to 54 age group. For many seniors, this decline in physical activity is a consequence of the onset of some disability or limitation.

A higher proportion of men than women are physically active. A striking observation is that the proportion of men aged 75 and over who were active (20%) was almost identical to the proportion of active women in the 25 to 54 age group (22%). And the proportion of men in the 65 to 74 age group who were either active or moderately active (53%) was greater than the proportion of active women in the younger age group (48%).

On a provincial basis, seniors in British Columbia were the most physically active (Table 2.1.14). One possible reason for higher level of physical activity in British Columbia is the more clement weather, which makes physical activities like walking for exercise or gardening easier to accomplish.

Obesity

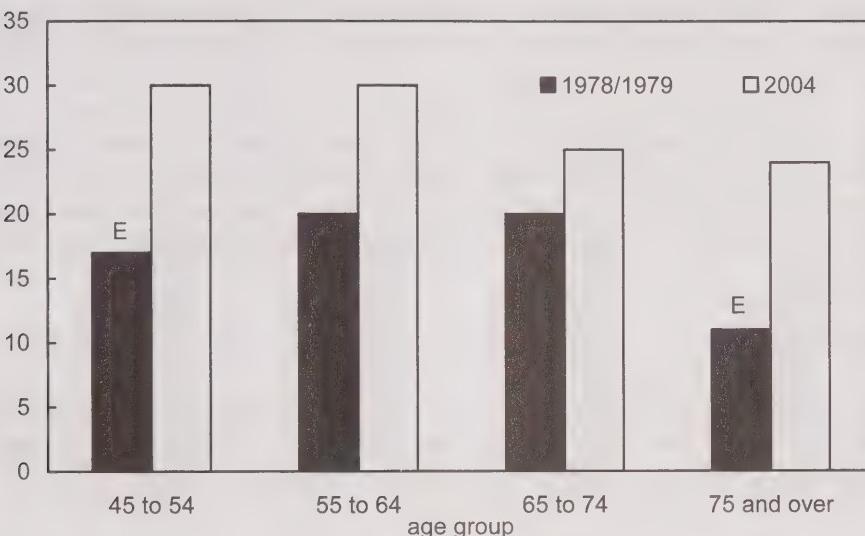
In the past 25 years, the percentage of the population that can be considered obese has increased across all age groups (Chart 2.1.9). In 1978/79, only 11% of individuals aged 75 and over were considered obese; by 2004, that percentage had risen to 24%.⁵

While in younger age groups the prevalence of obesity is not different for men and women, some differences appear after age 75. In that age group, 19% of men and 27% of women were classified as obese. This disparity is consistent with the difference observed in the levels of physical activity for men and women aged 75 and over. While obesity can result from physical inactivity, it can reduce the possibility of engaging in these activities.

Chart 2.1.9

Percentage of persons who are obese¹, by age group, Canada excluding territories, 1978/79 and 2004

percentage



E use with caution

1. A person is considered obese if their body mass index is over 30. Body mass index is calculated by dividing a person's weight by their height squared.

Source: Statistics Canada, Canadian Community Health Survey.

Smoking

It is a well-known fact that smoking is the number one cause of preventable death in Canada. Seniors are less likely than people in younger age groups to smoke regularly (Table 2.1.15). However, the difference in 2003 was less pronounced than it had been in 1994/95 as smoking became less and less prevalent in younger age groups.

In 2003, 11% of individuals aged 65 to 74 were daily smokers, compared to 14% in 1994/95. However, the proportion of seniors who had never smoked was higher in 1994/95 than it was in 2003. These changes over time are reflected in the proportions of individuals who are former smokers.

In all age groups, the proportion of former smokers was greater in 2003. This is especially true for women. In 2003, 43% of women aged 65 to 74 were former smokers, compared to 34% in 1994/95. This reflects the fact that smoking among younger women became much more popular in the late 1940s and 1950s (Health Canada, 2002).

While men aged 25 to 54 are more likely to smoke than women, this difference vanishes in the older age groups. That being said, the percentage of senior men who are former smokers is significantly

higher than the proportion of women. In the 75 and over age group, almost three-quarter of men were former smokers in 2003, compared to only 40% of women.

Alcohol use among seniors

The proportion of regular drinkers in the population increased in every age group between 1994/95 and 2003. However, seniors are less likely than younger people to use alcohol regularly (Table 2.1.16). In 2003, 48% of seniors were regular drinkers, that is, they drank alcoholic beverages once a month or more (compared to 67% of individuals aged 25 to 54).

The regular use of alcohol cannot necessarily be considered an unhealthy behaviour since it can contribute to lowering the probability of developing certain illnesses and is associated with higher likelihood of reporting excellent or very good health (Shields and Shoostari, 2001). However, heavy drinking might be more problematic.

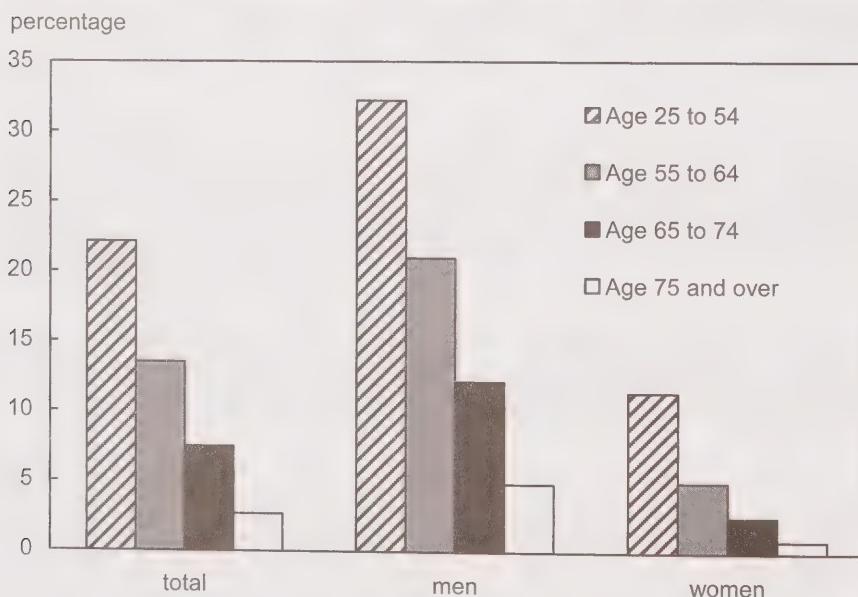
Heavy drinking can be defined as having had five or more drinks on one occasion at least once a month in the past 12 months. Seniors are much less likely than people in younger age groups to be heavy drinkers (Chart 2.1.10). In 2003, 12% of men aged 65 to 74 and 3% of women the same age were considered heavy drinkers. In contrast, 32% of men aged 25 to 54 and 11% of women in that age group can be considered as heavy drinkers.

Education and health-related behaviours

One of the most important factors associated with the adoption of a healthy lifestyle is educational attainment. Generally speaking, the higher the level of education, the lower the likelihood of smoking, being physically inactive, not eating enough fruit and vegetables and being a heavy drinker.

Chart 2.1.10

Percentage of persons who are heavy drinkers¹, by age group and sex, 2003



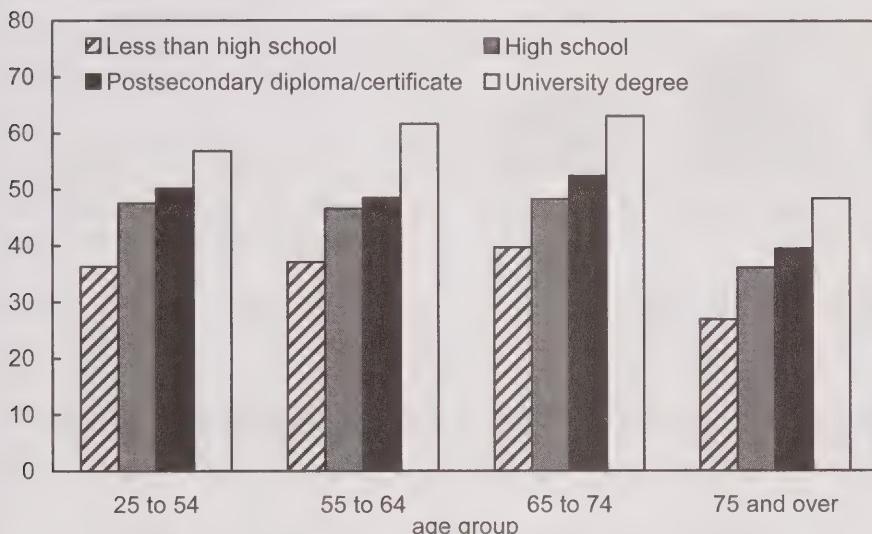
1. Includes those who have had five or more drinks on one occasion at least once a month in the past 12 months.
Source: Statistics Canada, Canadian Community Health Survey, 2003.

This relationship is clear and apparent in all age groups. For example, the proportion of physically active seniors with a university degree in the 65 to 74 age group was 63% (active or moderately active), compared to 40% for those who had not completed high school (Chart 2.1.11). Also, the proportion of highly educated seniors who smoked was lower than that of seniors with the lowest level of educational attainment (Chart 2.1.12). Finally, 55% of seniors aged 65 to 74 with a university degree ate five or more servings of fruits and vegetables per day, compared to 42% of those who had not completed high school (Chart 2.1.13).

Chart 2.1.11

Percentage of persons who are physically active¹, by age group and level of education, 2003

percentage



1. Includes those categorized as "active" or "moderate" on the total daily energy expenditure values (kcal/kg/day) (i.e. the average daily energy expended during leisure time activities by the respondent in the past three months).

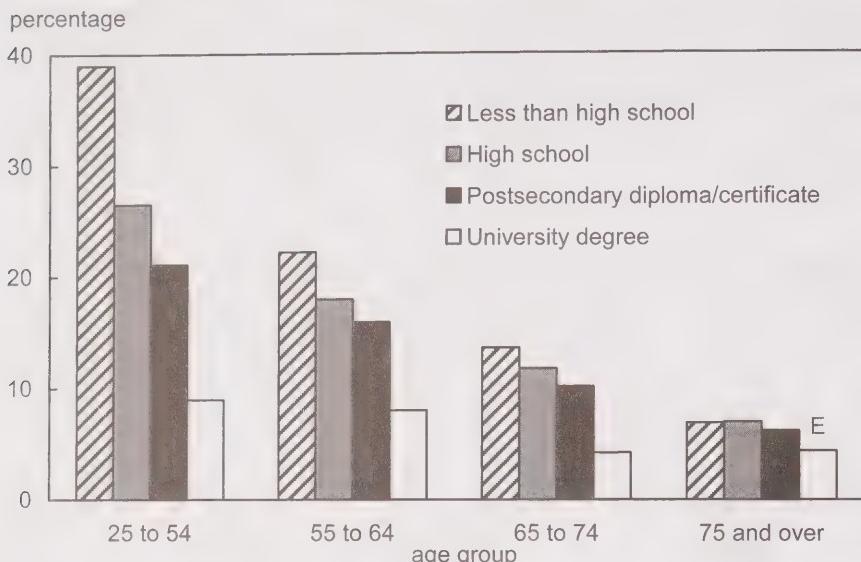
Source: Statistics Canada, Canadian Community Health Survey, 2003.

However, the relationship of education to heavy drinking is not as clear as it is for smoking and physical activity (Table 2.1.17). In the 25 to 54 age group, 28% of individuals who did not complete high school were considered heavy drinkers, compared to 17% of those with a university degree. However, that relationship disappears in older age groups. Among seniors aged 65 to 74, there was no relationship between level of education and the likelihood of being a heavy drinker.

Again, these observations have consequences for future generations of seniors. As stated above and as detailed in Chapter 3, Section 3.1, the level of educational attainment in the baby boom generation is significantly higher than it is for the current generation of seniors. Therefore, if more educated persons retain their healthy habits as they age, two general effects can be anticipated: a lower proportion of smokers among seniors and a higher level of physical activity. However, it is not clear how the overall level of heavy drinking among seniors, which is somewhat low, will evolve in the years ahead.

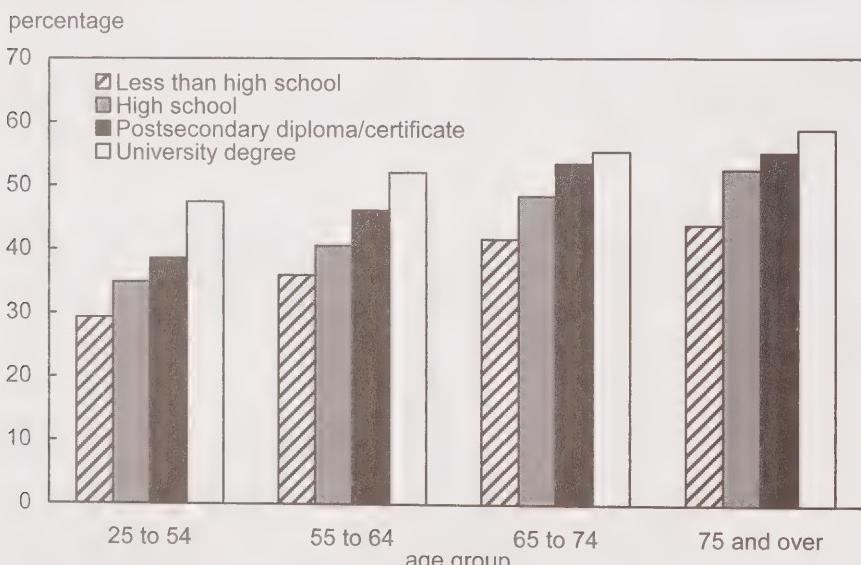
Access to health services

Seniors' needs for medical services are, in general, higher than for younger people. Good access to health services is necessary not only in emergency situations but as a means of preserving good health.

Chart 2.1.12**Percentage of persons who are daily smokers, by age group and level of education, 2003**

E use with caution

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Chart 2.1.13**Percentage of persons who eat five or more servings of fruit and vegetables per day, by age group and level of education, 2003**

Source: Statistics Canada, Canadian Community Health Survey, 2003.

On a broader scale, the aging of the population implies challenges to the health care system, which will be faced in the coming years with higher demand for services. Seniors not only use health care services more frequently, they also need different types of services. This section presents information on seniors' use of different services and their frequency of utilization. It provides information not only on

seniors' well-being but on the types of health services that might be in greater demand as the population ages.

Seniors with a regular doctor

Medical follow-up is particularly important for seniors, so having a regular medical doctor, while an asset for all individuals, is crucial for seniors. In 2003, seniors were significantly more likely to have a regular doctor than people in the 25 to 54 age group (Table 2.1.18). This was true for all provinces and for Canada overall, especially in Québec, where only 70% of individuals aged 25 to 54 had a regular medical doctor compared to 93% of seniors in the 65 to 74 age group.

Frequency of medical doctor consultations

The frequency with which seniors visit medical doctors is, not surprisingly, much higher than for younger people.

In younger age groups, the frequency with which women consult a medical doctor is higher than for men (Table 2.1.19). However, as they age, men's rates of doctor visits become more and more similar to those of women. In 2003, 67% of senior men and 68% of senior women consulted a medical doctor three times or more in the year.

While many consultations with a medical doctor might be a sign of health problems, no consultations at all is not necessarily an indication that everything is fine. Individuals who never visit a doctor might not be aware of a problem that might develop in the future, or of an existing situation that could be aggravated if not taken care of immediately. In fact, the likelihood of losing their good health has been shown to be higher for seniors who did not see a medical doctor at all than for seniors who saw a doctor once or twice a year (Martel, Bélanger, Berthelot et al., 2005).

The proportion of individuals who had not seen a medical doctor in the past 12 months is significantly lower for older than for younger persons. In 2003, 10% of seniors aged 65 to 74 had not seen a doctor in the past 12 months, compared with 21% of individuals aged 25 to 54.

Seniors experiencing problems accessing the health services

Many of the health problems for which seniors consult their doctors are more serious than those for younger people. Hence, seniors facing problems accessing the health services they need might be particularly vulnerable. However, the proportion of seniors who reported problems accessing the health services was significantly lower than that for 25- to 54-year-olds (Chart 2.1.14).

There are some indications that in the younger age group, people with higher incomes are less likely to experience problems accessing the health care system (Chart 2.1.15). For seniors however, individuals in the lowest income quartile were not less likely than those in the highest income quartile to report having difficulties in accessing the health services they needed.

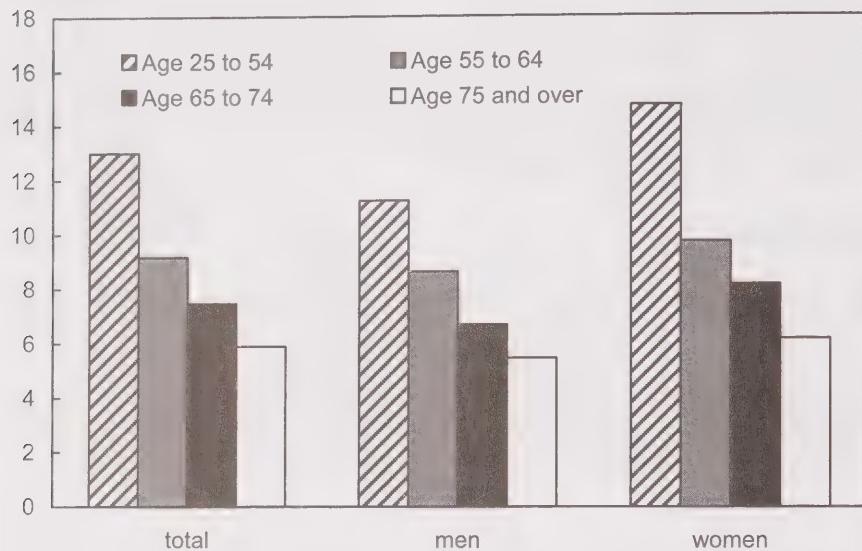
Seniors consulting various types of health professionals

Some health situations are associated with age (such as vision or hearing problems) while others are frequent across the various age groups (for example, back problems). These differences are reflected in the non-medical services to which seniors and non-seniors have access (Table 2.1.20).

Chart 2.1.14

Percentage of persons who reported problem accessing the health services, by age group and sex, 2003

percentage

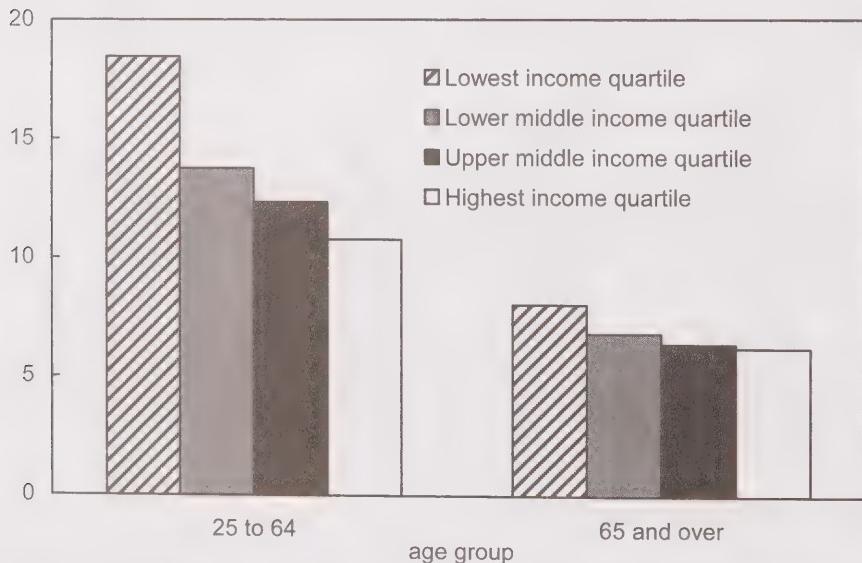


Source: Statistics Canada, Canadian Community Health Survey, 2003.

Chart 2.1.15

Percentage of persons who reported problems accessing the health services, by age group and income quartiles, 2003

percentage



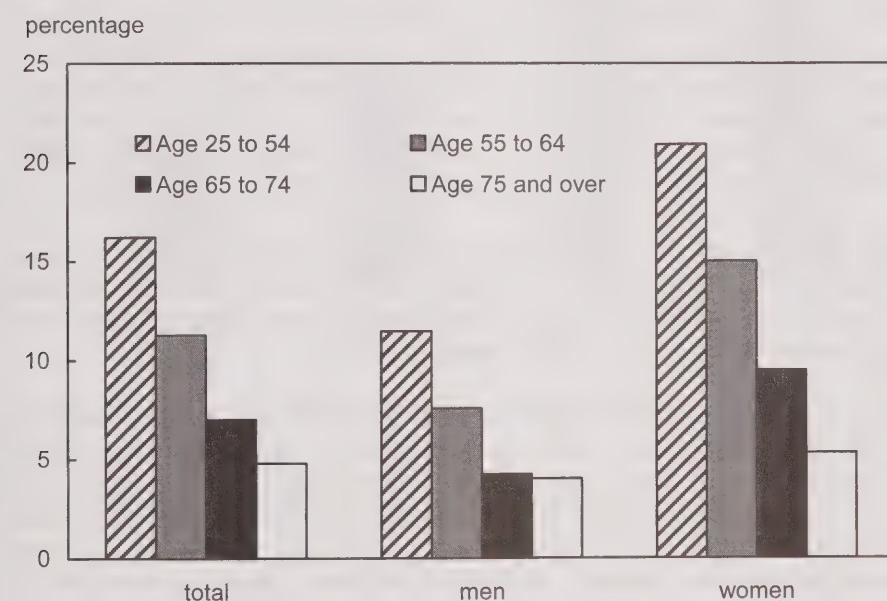
Source: Statistics Canada, Canadian Community Health Survey, 2003.

Given the aging population, it is possible to forecast that the need for eye specialists will increase very significantly in Canada. In 2003, 54% of seniors aged 65 to 74 and 60% of those aged 75 and over consulted an eye specialist (Table 2.1.20). In contrast, only 33% of individuals aged 25 to 54 did so. Vision problems are almost inevitable with the process of aging, and the proportion of individuals who will require glasses will increase abruptly in 20 years, when one person out of five will be aged 65 and over.

Many individuals who try to prevent illness, to maintain or to improve their health use alternative health care services. Alternative medicine consists of treatments and health care practices that are not widely taught in medical schools, not routinely used in hospitals, and not typically reimbursed by health benefit plans (Millar, 2001). Alternative practitioners include massage therapists, homeopaths, naturopaths and acupuncturists, among others.

The proportion of individuals who made use of alternative or complementary medicine was significantly smaller in older than younger age groups (Chart 2.1.16). In 2003, only 5% of seniors aged 75 and over used alternative health care, compared to 16% in the 25 to 54 age group.

Chart 2.1.16
Percentage of persons who used alternative or complementary medicine, by age group and sex, 2003



Source: Statistics Canada, Canadian Community Health Survey, 2003.

However, these differences between age groups are not necessarily a sign that the demand for alternative health services will decrease as the population ages. Today's seniors might have had less contact during their lives with alternative types of medicine, and so might be more reluctant to use it. In contrast, many aging baby boomers are likely to use or to have used alternative services. When they enter their senior years, and as they develop more health problems, alternative or complementary medical care could be a solution to which some of them turn. Also, individuals with higher incomes and higher levels of educational attainment – which will characterize a greater proportion of seniors in the years ahead - are generally more likely to use alternative medicine. Hence, the aging of the population

might even mean that the demand for alternative or complementary medicine will increase in the coming years.

Insurance coverage

Seniors' needs for medication can be high, and costs can become very prohibitive for them. Insurance coverage often makes the difference in terms of disease prevention or access to health services.

In total, about 80% of seniors said that they were insured for prescription medications in 2003. This proportion was not significantly different than that for the 25 to 54 age group (Table 2.1.21). However, there were significant differences in term of insurance coverage for medications by provinces. In 2003, only 52% of seniors living in Saskatchewan and 60% of those living in Manitoba said they had their medications covered by insurance. That compared to 86% in Nova Scotia and 90% in Alberta (Table 2.1.22).

Seniors are somewhat more disadvantaged compared to the working-age group in terms of dental coverage. It is especially true for women. In 2003, 22% of women aged 75 and over were covered by insurance for their dental expenses, compared to 69% of women aged 25 to 54. The likelihood that seniors had insurance for dental expenses in their working years is somewhat low compared to the current generation of employees and workers.

As discussed above, seniors are very likely to be affected by vision problems. However, they are much less likely than individuals in the younger age groups to be covered by insurance. In 2003, 35% of seniors aged 65 to 74 had insurance for eye glasses or contact lenses, compared to 60% of those aged 25 to 54. Again, there were significant differences between provinces in terms of coverage. In Québec, only 18% of seniors had insurance for glasses or lenses. That was three times less than in New Brunswick, where 52% of individuals aged 65 and over had insurance that covered vision problems.

Finally, individuals who were the least likely to require hospitalization were the most likely to have insurance for hospital charges. In 2003, about 67% of individuals aged 25 to 54 had insurance to pay their hospital expenses in case of need, compared to 41% of seniors aged 75 and over. Men seniors were slightly more likely than women seniors to be covered (45% versus 39%).

Age is not the only factor affecting the likelihood of being covered by insurance. In the senior's population, individuals with the highest level of income were also more likely to have coverage (Table 2.1.23 and Chart 2.1.17). For example, about two thirds of seniors in the highest income quartile had insurance for hospital charges, compared to only 24% of those in the lowest income quartile. The differences were smaller in terms of insurance for medical prescriptions but those who were in a less favourable position to pay for their medications (i.e. those in the lowest income quartile) were also the least likely to be covered by insurance.

Rising expenditure on health

In a recent study named "Shifts in spending patterns of older Canadians", Chawla (2005: 17) found that:

"Between 1982 and 2003, household expenditures on health rose because of increased premiums for government and private health insurance, and because of higher out-of-pocket expenses for treatments and medicines not covered by insurance.⁶ Households with a reference person 55 and over spent \$7.2 billion in 2003 on health compared with \$2.1 billion in 1982. And in both years, health insurance premiums accounted for 30% of these costs."

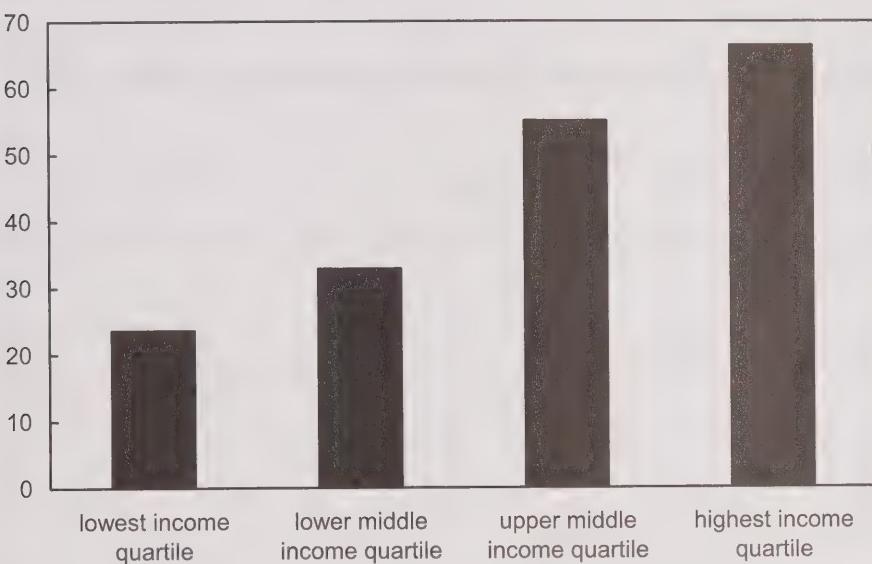
Since supplementary medical coverage through a private insurance plan is often a benefit of employment, the proportion of households covered under such schemes obviously declines between the 55-to-64 and 75-plus groups. For instance, for unattached women, it fell from 53% to 47% in 1982 and from 49% to 42% in 2003. Thus, not only are more households in the 75-plus group incurring more out-of-pocket health expenses, but also these direct costs constitute the lion's share of their health expenditure—for unattached women, the percentage grew from 78% in 1982 to 81% in 2003 while jumping for men from 63% to 75% (Table 2.1.24).

Besides health insurance, all households, irrespective of age, spent the most on prescribed drugs, and other medical equipment and appliances. After these two, the order of spending on dental services, eye care, and other health care and medical services varied across age groups—more in 1982 than in 2003. However, couples and unattached individuals in the 75-plus group in 2003 showed a consistent order of out-of-pocket spending on health: prescribed drugs, other medical and health care services, dental services, and eye care."

Chart 2.1.17

Percentage of seniors with insurance for hospital charges, by level of income, 2003

percentage



Source: Statistics Canada, Canadian Community Health Survey, 2003.

2.2 Financial well-being of seniors

Financial well-being is a critical ingredient for health, wellness and security for seniors and non-seniors alike. As stated in *Planning for Canada's Aging population*,⁷ "income is one of the most important health determinants and the basis of an individual's ability to access appropriate housing and transportation required to maintain independence; nutritious and sufficient food to maintain health; and non-insured medical services and supports such as medication and home support".

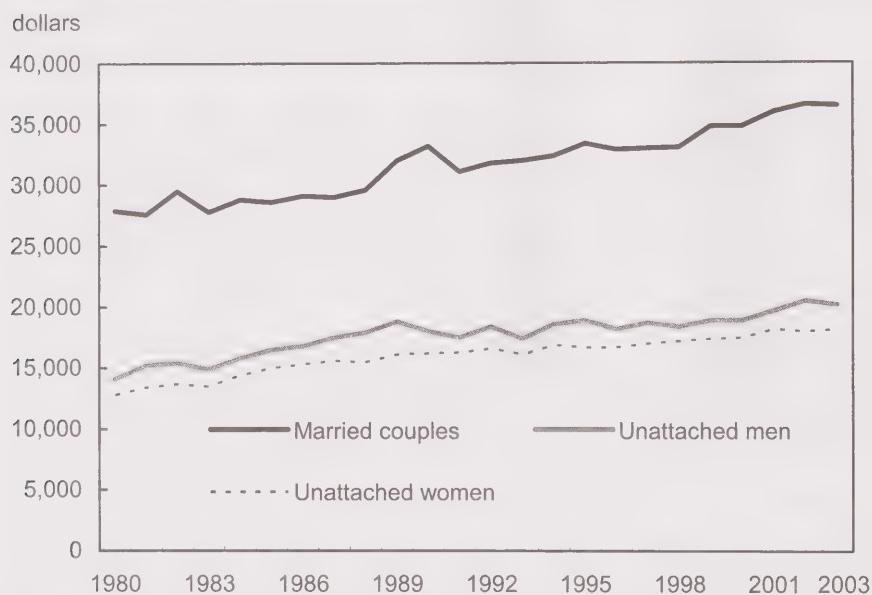
In this section, we examine the financial characteristics of Canadian seniors using a number of measures, including sources of income, wealth, incidence of low-income, food insecurity and expenditures. Emphasis is placed on changes over time. All income figures in this section are in constant 2003 dollars and are rounded to the nearest 100.

Amounts and sources of income

The financial situation of seniors in Canada improved significantly over the last 25 years. Between 1980 and 2003, the average total before-tax income received by senior couples⁸ increased from \$39,800 to \$49,300, an increase of 24%. Their average total after-tax income increased by 18%, rising from \$36,300 to \$42,800 (Table 2.2.1). Considering senior couples at the mid-point of the income distribution, median after-tax income increased from \$27,900 to \$36,500, an increase of \$8,600 or 31%. Across the provinces, median after-tax incomes of senior married couples ranged from \$31,700 in Quebec to \$41,400 in Ontario (Table 2.2.2).

The same upward trends were evident among seniors who did not reside with other family members. Between 1980 and 2003, the median after-tax income of unattached senior men increased by 43%, from \$14,100 to \$20,200 while that of unattached senior women increased by 42%, from \$12,800 to \$18,200 (Chart 2.2.1).

Chart 2.2.1
Median after-tax income received by elderly families and unattached individuals, 1983 to 2003



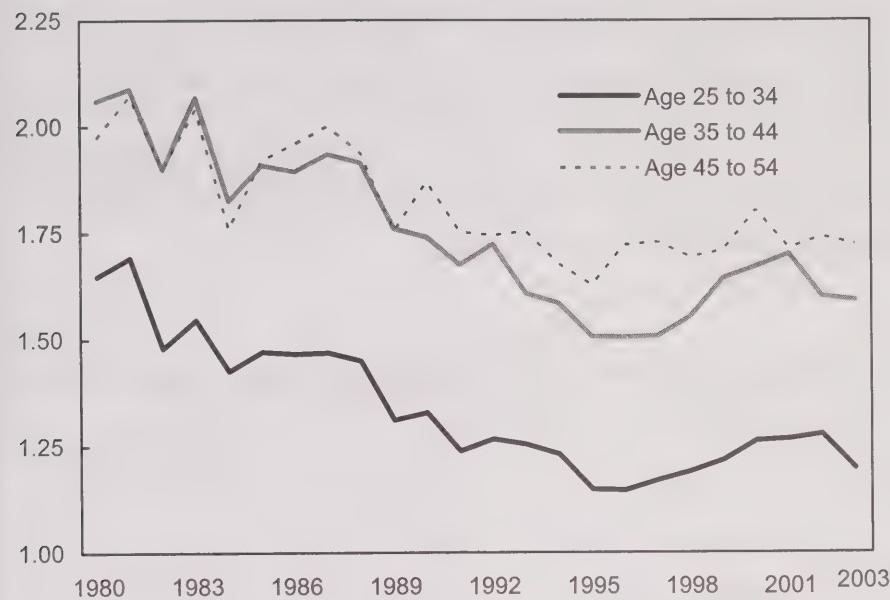
Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

The incomes of seniors not only increased in absolute terms, but have also increased relative to the incomes of individuals in younger age groups. For every \$1.00 received by a senior in 1980, an individual aged 35 to 44 received \$1.57⁹. By 2003, this differential had decreased to \$1.29.

Improvements in the relative incomes of seniors were more evident among men than women (Charts 2.2.2 and 2.2.3). For every \$1.00 received by senior men in 1980, men aged 35 to 44 received \$2.06. By 2003, this differential had decreased to \$1.59. Women in most age groups¹⁰ experienced considerable income gains through the 1980s and 1990s and the gains of seniors were more modest relative to women in younger age groups. For every \$1.00 received by senior women through the 1980s, women aged 35 to 44 received \$1.61. Through the 1990s and until 2003, this differential was \$1.50.

Chart 2.2.2

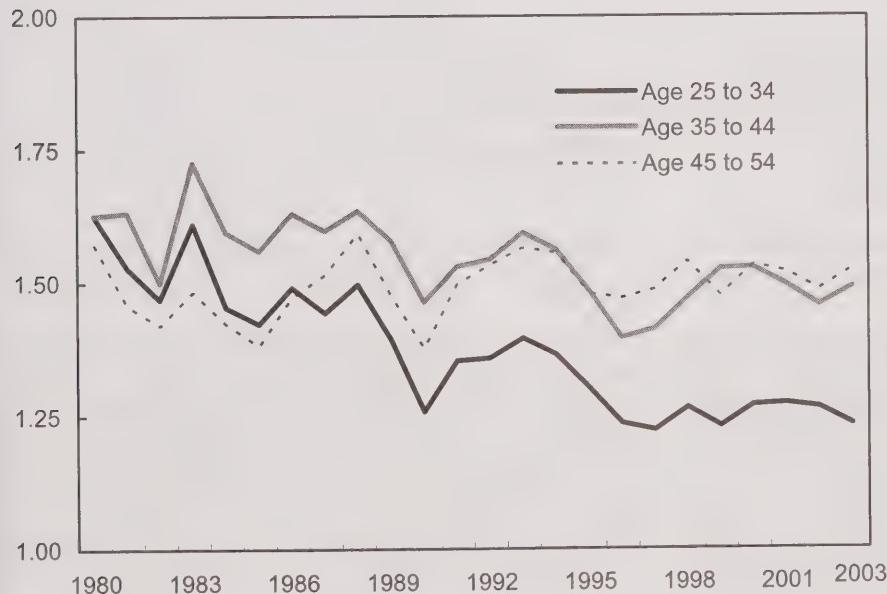
Income of non-senior men relative to income of senior men, Canada, 1980 to 2003, selected age groups



Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Chart 2.2.3

Income of non-senior women relative to income of senior women, Canada 1980 to 2003, selected age groups

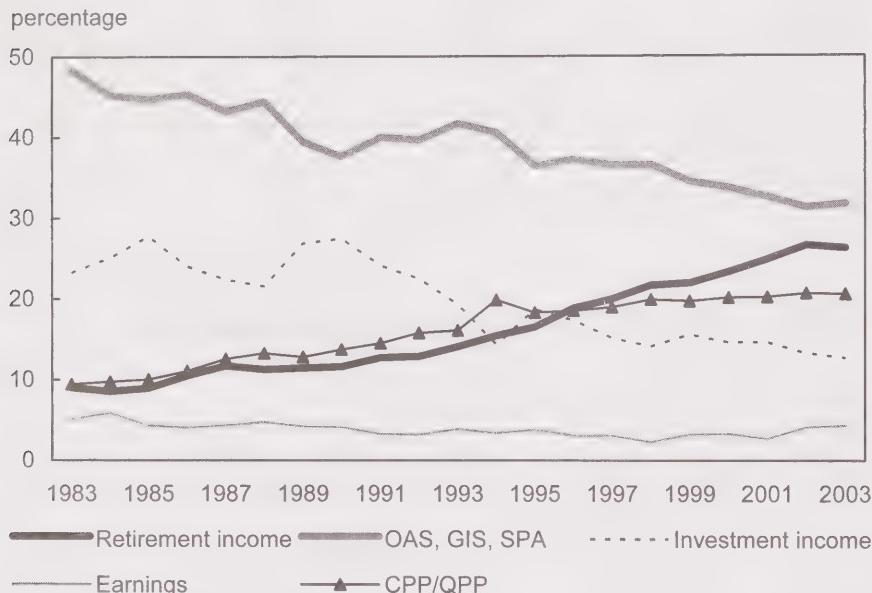


Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

The 'maturation' of the Canada and Quebec Pension Plans has been one factor contributing to the rising incomes of seniors. The C/QPP were implemented in 1966 and the first cohort of seniors to receive full benefits turned 65 in 1976. With the aging of successive cohorts of older Canadians, the share of seniors eligible for full C/QPP benefits has increased. Between 1980 and 2003, the share of senior men receiving income from C/QPP increased from 68.6% to 95.8% and the average amount received by recipients increased from \$4,000 to \$6,500 (Table 2.2.3). A larger change occurred among women as a result of their rising labour force participation rates. Between 1980 and 2003, the share of senior women receiving income from C/QPP increased from 34.8% to 85.8% and the average amount received increased from \$3,100 to \$4,900. Considering the total aggregate income received by all women aged 65 or over, the share received from C/QPP increased from 7.3% to 20.5% (Chart 2.2.4). Among men, this share increased from 10.4% to 20.2% (Chart 2.2.5).

Chart 2.2.4

Women aged 65 or older: Percent of total aggregate income by income source, Canada, 1983 to 2003



Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

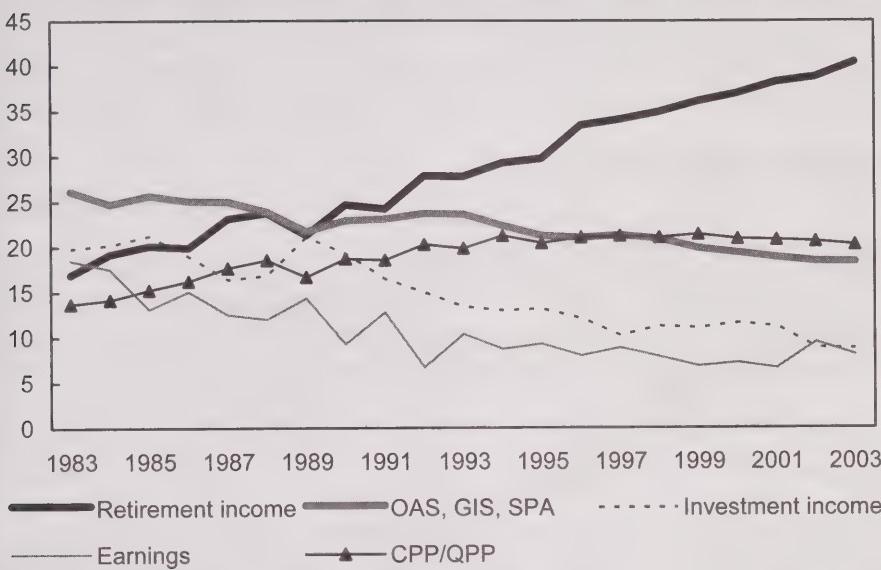
Improvements in the financial situation of seniors have also been the result of expanded coverage of private occupational pension plans and improvements in the features of such plans. Private occupational pensions were expanded through the 1950s and 1960s, reaching a coverage rate for paid workers of 40% in 1970. Cohorts retiring as late as 1980 were unlikely to have significant years of contribution since they had entered the labour market in the 1930s and 1940s. In contrast, coverage was wider among subsequent cohorts, who also made contributions over a greater portion of their working lives. Consequently, between 1980 and 2003 the proportion of men aged 65 or older receiving 'retirement income' from pensions and other private sources increased from 39.8% to 69.8% and the average amount received by recipients increased from \$10,700 to \$17,900. (The vast majority of 'retirement income' (over 90%) is received from private pensions while the remainder is primarily comprised of income from Registered Retirement Savings Plans).¹¹ Similarly, the share of women aged 65 or older receiving retirement income more than doubled (from 19.7% to 53.0%) and the average amount received increased from \$6,900 to \$10,200. As shown in Chart 2.2.5, the share of total

aggregate income senior men received from retirement income increased from 16.2% to 40.5% between 1980 and 2003, while the share received by senior women increased from 9.0% to 26.3%.

Chart 2.2.5

Men aged 65 or older: Percent of total aggregate income by income source, Canada, 1983 to 2003

percentage



Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Considering other income sources, over 95% of seniors receive income from Old Age Security (OAS), the Guaranteed Income Supplement (GIS) or Spouses Allowance (SPA). The share of total aggregate income received from these sources has declined since the early 1980s as income from public and private pensions increased. Nonetheless, OAS, GIS and SPA still accounted for the largest share of income received by senior women in 2003 (31.7%).

The share of total aggregate income received from investment income¹² declined precipitously since the early 1980s, in large part because of the drop in interest rates over this period.¹³

Finally, between 1980 and 1992 the share of men aged 65 or older receiving earnings declined from 24.2% to 12.7% reflecting the trend towards retirement at younger ages. However, by 2003 this share had rebounded to 25.1% (Table 2.2.3). The labour force participation rate of senior men increased since the mid-1990s (see Chapter 3, Section 3.2). But while the share of senior men with earnings increased through the 1990s, average earnings did not. In 2003, their average earnings (at \$9,900) were less than half of what they were in 1980, at \$24,800. The increasing prevalence of part-time and part-year employment may have contributed to this trend.

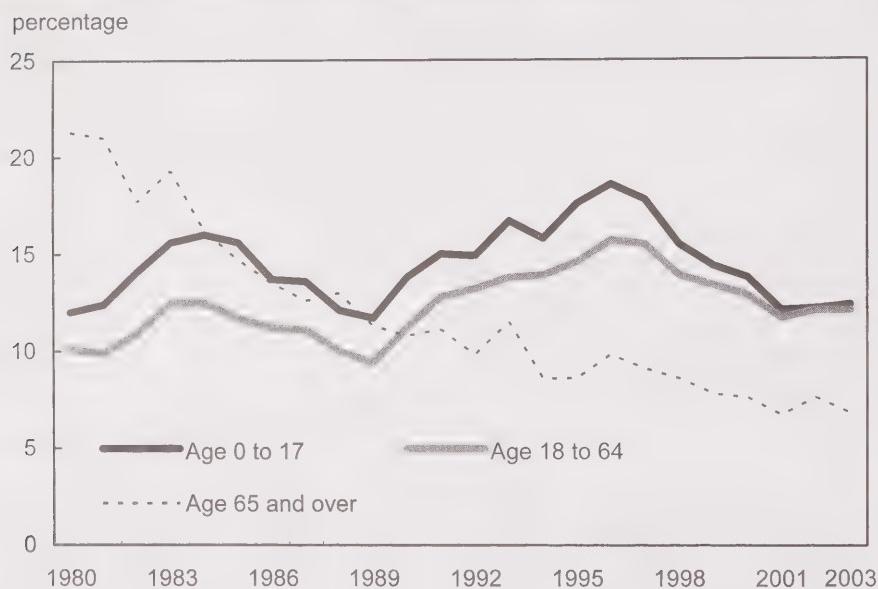
Low income

Rising income levels among seniors have benefited those in lower income categories, contributing to a well-documented decline in the incidence of low-income among seniors in Canada. Measures of 'low-

income' are intended to identify individuals and families who are substantially worse off financially than others in the population.

The incidence of low-income can be measured in a number of different ways, but all show the same downward trend since the early 1980s. Between 1980 and 2003, the share of seniors in low income declined from 34.1% to 15.1% when measured using the Low-Income Cut-Off before taxes (LICO) and from 21.3% to 6.8% when measured using the Low-Income Cut-Off after taxes (LICO-IAT – see Chart 2.2.6). These trends were not simply the result of moving large numbers of seniors from just below to just above the low-income cut-offs, as the income gains among lower income seniors were substantial. (Myles, 2000).

Chart 2.2.6
Incidence of low-income¹, by age group, Canada 1980 to 2003



1. Low-income cut-off after tax, 1992 base.

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

The decline in the incidence of low income has been evident among seniors in all types of living arrangements, although the incidence remains highest among senior women living alone (Tables 2.2.4 and 2.2.5). Across the ten provinces, the incidence of low income among seniors is highest in British Columbia and Quebec (Table 2.2.6).

Low income from an international perspective

From an international perspective, the incidence of low-income among seniors is now lower in Canada than in most other industrialized countries, including Sweden, the United States and the United Kingdom (Table 2.2.7). This is a marked change from the 1970s when the incidence in Canada was among the highest of the industrialized countries. The 'maturation' of Canada's public pension system, as discussed above, has been a key factor underlying this change (Picot and Myles, 2005).

The duration of low-income

Being in low-income on a continuous and ongoing basis has more negative implications than being in low-income for a short period of time (e.g. McDonough and Berglund, 2005). In this context, the duration of low-income is an important consideration.

Over the six year period from 1996 to 2003, 13.7% of seniors fell below the after-tax LICO during at least one year (Table 2.2.8). Just over 4% of seniors were below the after-tax LICO for all six years, while just over 6% were below the LICO for four years or more. There is no standard definition of 'persistent low-income', but if this is defined as being below the after-tax LICO for at least four years over a six year period, then about one-in-twenty seniors was 'persistently low-income' through the late 1990s. If before-tax LICOs are used, then one-in-six seniors (16%) was 'persistently low-income' over this period.

Food insecurity

Food insecurity means that the availability of nutritionally adequate and safe foods is limited or uncertain, or the ability to acquire food in socially acceptable ways is limited and uncertain. In 2000/01, food insecurity affected a smaller proportion of persons aged 65 and over (7%) than persons aged 25 to 44 (18%) or aged 45 to 64 (12%) (Table 2.2.9). In part, this may reflect the fact that seniors generally do not have responsibilities for children in the household.

Wealth

Improvements in the financial characteristics of seniors are not only evident in terms of the annual income, but also in terms of their wealth, defined as total assets minus total debts. Between 1984 and 1999, the median wealth of families headed by someone aged 65 or older increased from \$80,800 to \$126,000, a gain of \$45,200 or 56%. The median wealth of families headed by someone aged 55 to 64 increased by 19.4%, while the median wealth of families headed by someone under age 55 declined over this period (Table 2.2.10). Increases in the median wealth were evident among seniors residing alone (at 69.2%) as well as among married couples (46.6%).

Home ownership

For many Canadians, their home is one of their largest assets and since the early 1980s the share seniors with such an asset has increased (Table 2.2.11). Among senior households headed by someone aged 65 to 74, the share residing in owned accommodation increased from 66.1% to 75.4% between 1981 and 2001, while the share in rented accommodation declined from 33.9% to 24.6%.¹⁴ A comparable change in ownership status was evident among households headed by seniors aged 75 to 84, but not among those headed by someone aged 85 or older. While most senior households who own their home are mortgage-free, the share with a mortgage increased between 1981 and 2001.

Expenditures

Given that the incomes of seniors have increased over the past 20 years, what are they doing with their money? To address this question, we turn our attention to their expenditures.

Considering married couples aged 65 to 74, 16 cents of every dollar received in 2003 was spent on income tax, 74 cents was spent on personal consumption, 3 cents was spent on each of security and gifts/contributions, and 4 cents was saved (Table 2.2.12). Couples in this age group spent larger shares of their income on personal consumption and income tax in 2003 than they did in 1982. This was also

the case for seniors in other age groups and living arrangements. A recent study showed that Canadians in general are spending more and saving less than they did in the past (Chawla and Wannell, 2005).

Unattached senior women spent more of their income on personal consumption than unattached senior men and married couples. Because the incomes of unattached women were lower than those of other demographic groups, accommodation took a bigger proportional bite out of their income while income taxes took a smaller bite.

Accommodation, transportation and food account for about two-thirds of each consumption dollar spent by senior households (Table 2.2.13). Recreation, household operations and health care expenditures account for about 15 to 20 cents of each consumption dollar.

Between 1982 and 2003, there were some noticeable changes in the allocation of seniors' consumption patterns. Among couples and unattached individuals, the share of each consumption dollar spent on clothing decline by about 1 or 2 cents, and the share spent on food declined by about 4 to 9 cents. The incomes of seniors increased over this period and because individual can only eat so much, the share allocated to food declined. In addition, some of the reduced expenditure on food and clothing may be attributed to a drop in prices for these products brought about by increased competition in the retail and wholesale markets, the opening of discount outlets, and changes in tariffs and quotas on imports.

Seniors spent larger shares of their consumption dollars on other items. The share of each dollar spent on health increased by about 3 to 5 cents between 1982 and 2003, depending on age and family type. Health insurance premiums accounted for the largest share of these costs, followed by prescription drugs, medical equipment and appliances, dental services, eye care, and other health care and medical services.

Finally, seniors spent a larger share of their consumption dollar on recreation in 2003 than they did in 1982, with an increase of about 2 to 4 cents of each dollar.

Inflation and seniors

Given that the consumption patterns of seniors and non-seniors differ and that prices for different types of products vary, a question that arises is whether inflation affects seniors differently than the rest of the population.

Separate consumer price indices can be constructed for the senior and non-senior populations based on the consumption patterns of each group (Chiru, 2005). Between 1992 and 2004, the growth rate of the consumer price index (CPI) for seniors generally followed the changes of the CPI for non-seniors households. In some periods, prices increased at a faster rate for seniors while at other times they increased faster for non-seniors. Overall, the evidence indicates that the consumer price index released monthly by Statistics Canada is a good indicator of the changes in prices for the seniors population.

Satisfaction with finances

We now turn to the subjective assessments that seniors have of their financial situation.

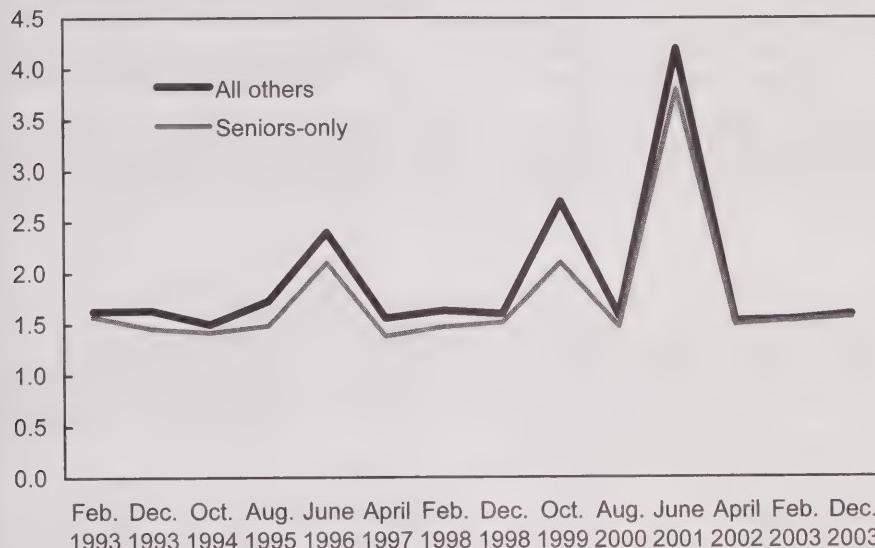
The transition from work into retirement is a key step in the life course and involves financial changes. Whether or not individuals and families are able to maintain their standard of living after retirement is an important issue. To gauge the success of individuals in this respect, the 2002 General Social Survey asked retirees if their financial situation was better, worse or about the same in retirement as it was in

the year prior to retirement. Considering recent retirees,¹⁵ just over half (54%) said their financial situation was 'about the same,' while 13% said their financial situation had improved (Table 2.2.14). One-third said their financial position had worsened.

Chart 2.2.7

Annual growth rate of Consumer Price Index (over 12 months), 3 months moving average, seniors and non-seniors

percentage



Source: Statistics Canada, special tabulation based on the Survey of Household Spending and the Consumer Price Index.

Involuntary retirees (that is, those who did not want to retire) and individuals who were in fair or poor health when they retired were more likely than other individuals to say their financial situation had worsened. Involuntary retirees most often left the labour force because of health problems. Individuals in households with lower incomes were most likely to say their financial situation had worsened, with 44% of those in households with incomes under \$20,000 saying this was the case compared with 25% of those in households with incomes of \$60,000 or more. Almost half of recent retirees who were immigrants (45%) said their financial situation had worsened compared with 30% of recent retirees who had been born in Canada.

Looking at the financial situation of seniors more broadly, seniors have more positive assessments of their finances than individuals in younger age groups. This is the case within all income categories. In a 2003 survey, respondents were asked to rate their satisfaction with their finances on a scale of 1 to 10, where 10 represents the highest level of satisfaction. Among individuals aged 65 to 74 with total household incomes of less than \$30,000, the average level of financial satisfaction was 6.1, compared with a score of 5.1 among individuals aged 25 to 54. The same pattern is evident within higher income categories. Similar findings have been reported in previous research.

2.3 Victimization

Ensuring that seniors are not victims of crime either from within or outside of their family is an important consideration, especially given the aging of the Canadian population. In this section we examine the extent to which seniors are victims of crime and the extent to which they feel safe and secure in their communities.

Information is first presented on violent incidents that were reported to police. Statistics Canada's Incident-based Uniform Crime Reporting (UCR2) Survey compiles information provided by 122 police services representing 61% of the national volume of crime in Canada in 2003. This information provides an understanding of the victim, accused and incident characteristics of family-related violence against seniors. In addition, information is drawn from the Homicide Survey.¹⁶ However, not all crimes experienced by individuals are reported to the police. In the second half of the section, self-reported victimizations of crime are presented. These self-reports are drawn from Statistics Canada's 2004 General Social Survey, which asked non-seniors and seniors whether they had been the victim of a crime in the previous year.

Senior victims of violent crime

In 2003, just under 4,000 incidents of violence against persons aged 65 or older were reported to 122 police services in Canada (Table 2.3.1). Over one-quarter (29%) of these reported incidents were committed by a family member, so throughout this section information is presented on incidents committed by family members and by persons outside the family.

These reported violent incidents were perpetrated almost equally against senior women (46%) and senior men (54%). Just under two-thirds of them (63%) were committed by persons from outside of the family, most often a stranger (34%) or a casual acquaintance (19%), while over one-quarter (29%) were committed by a family member.¹⁷

Senior women were more likely than senior men to be victims of family violence. Of the seniors who were the victim of a violent incidence in 2003, four out of ten women (39%) were victimized by a family member compared with two out of ten men (20%).

Common assault was the most frequently reported violent incident against seniors in 2003, accounting for 40% of all violent offences (Table 2.3.2). Common assaults include behaviours that do not result in serious injury, such as pushing, punching and slapping, and threatening to apply force. Common assault accounted for 55% of the offences committed by a family member and 33% of the offences committed by someone from outside the family.

Male adult children and spouses were most often accused in family-related violence of seniors. One-third of the accused were adult male children (33%), followed by male spouses (current and ex-spouses – 30%) and extended male relatives (15%), such as brothers and uncles. The average age of spouses accused of victimizing their partners was 66 years of age, while the average age of adult children was 40 years of age.

The majority of family-related assaults of seniors took place in their home, and the victim and accused were often sharing living quarters. About eight out of ten older victims assaulted by an adult child were living with the assailant.

Robbery was the second most frequently reported incident, accounting for 19% of all incidents (Table 2.3.2). Robbery accounted for only 1% of the offences committed by a family member but for 28% of the offences committed by others. Uttering threats and major assault accounted for 18% and 12% respectively of the victimizations against seniors.

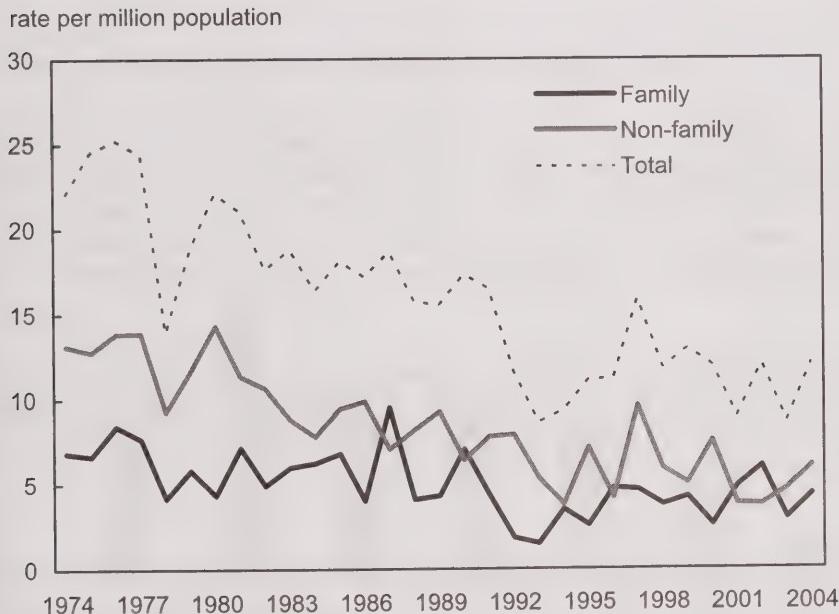
For seniors, the consequences of being a victim of a violent crime can be relatively more serious than for younger adults. In 2003, over one third of senior victims sustained a minor injury (36%) as a result of an offence perpetrated by a family member. Major physical injury was experienced by 3% of senior victims. Female and male victims aged 65 or older were about equally likely to sustain some form of injury (41% and 37% respectively).

Homicides against seniors

In 2004, there were 50 homicides (23 men and 27 women) committed against seniors, representing about 8% of all homicides in Canada. Eighteen of these homicides were committed by a family member and 25 were committed by a non-family member. Police reported the remaining seven homicides as unsolved.

Despite annual fluctuations, the rate of homicide against seniors was lower through the 1990s and 2000s than it was through the 1970s and the 1980s (Chart 2.3.1). Between 1974 and 1979, the average annual rate of homicide against seniors was 21.5 per million; through the 1980s the rate was 18.1 per million seniors; through the 1990s it was 12.6 per million; and between 2000 and 2004 it was 10.7 per million.

Chart 2.3.1
Rates of homicides against seniors (65 and over), by relationship with the accused, 1974 to 2004



Source: Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey.

Older women are more likely to be killed by a family member than older men. Among solved homicides between 1994 and 2003, more than two-thirds (67%) of older females were killed by a family member, usually a spouse (29% of all senior female homicides) or an adult son (24%). On the other hand, half (49%) of older men were killed by an acquaintance, usually by someone who the victim knew on a casual basis (25% of all senior male homicides) or a neighbour (11%). Among the 31% of older male victims who were killed by a family member, about half were killed by their sons.

The motive underlying homicides against seniors differed depending on whether the accused was related to the victim. Between 1994 and 2003, family-related homicides against seniors most commonly resulted from the escalation of an argument or quarrel (29%). Frustration, anger or despair accounted for another 26% of homicides. On the other hand, homicides perpetrated against older adults by non-family members were most often motivated by financial gain (31%).

Many homicides committed against seniors stemmed from a history of prior abuse. Between 1994 and 2003, police reported a history of family violence among 32% of family-related homicides against seniors.

Seniors who were victims of a crime

We now turn our attention to self-reported incidents of crime drawn from Statistics Canada's General Social Survey. It is important to note that the incidence of crime derived from self-reports are different from the incidence derived from police reports for a number of reasons.¹⁸

Seniors are less likely to be victims of crime than individuals in younger age groups. In 2004, 9.8% of Canadians aged 65 or older said they had been the victim of a crime in the past year compared with 31.5% of individuals aged 35 to 44 and 42.5% of persons aged 15 to 24 (Table 2.3.3). Senior men were slightly more likely than senior women to have been the victim of a crime, at 11.6% and 8.5% respectively.

Individual victimization rates¹⁹

Victimization rates are another way to measure crime. They show the number of criminal incidents experienced for each 1,000 people in a given population.²⁰ As shown in Chart 2.3.2, the victimization rate for violent crimes, such as assault, sexual assault and robbery, was highest for persons aged 15 to 24, at 226 incidents of violent crime for every 1,000 persons in this age group. The victimization rate declines steadily across older age groups, and was 12 violent incidents per 1,000 persons aged 65 or older.

The victimization rate for theft of personal property also declines across age groups (Chart 2.2.3). Among persons aged 65 or older, there were 22 incidents of theft of personal property per 1,000 persons in this age group, compared to a rate of 165 among persons aged 25 to 34.

Spousal violence

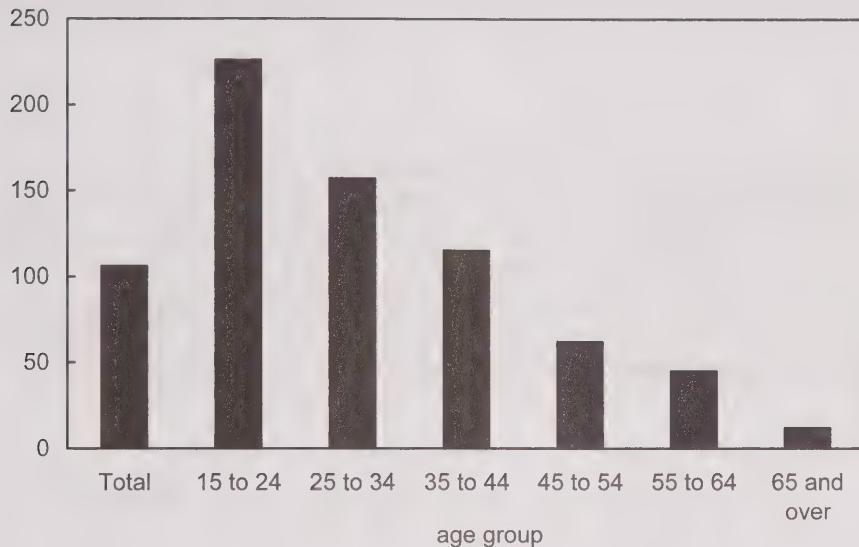
Overall, 2% of women and men in a current relationship or who have a previous partner experienced some type of spousal violence in the past 12 months. This translates into an estimated 196,000 women and 173,000 men in Canada 15 years of age and older.

Spousal violence affects all socio-demographic groups. However, there are certain segments of the population that are more vulnerable to spousal violence than others: those who are young, who live in a

common-law relationship, who have been in the relationship for three years or less, who are Aboriginal, and whose partner is a frequent heavy drinker.

Chart 2.3.2
Rate of violent victimization, by age group, 2004

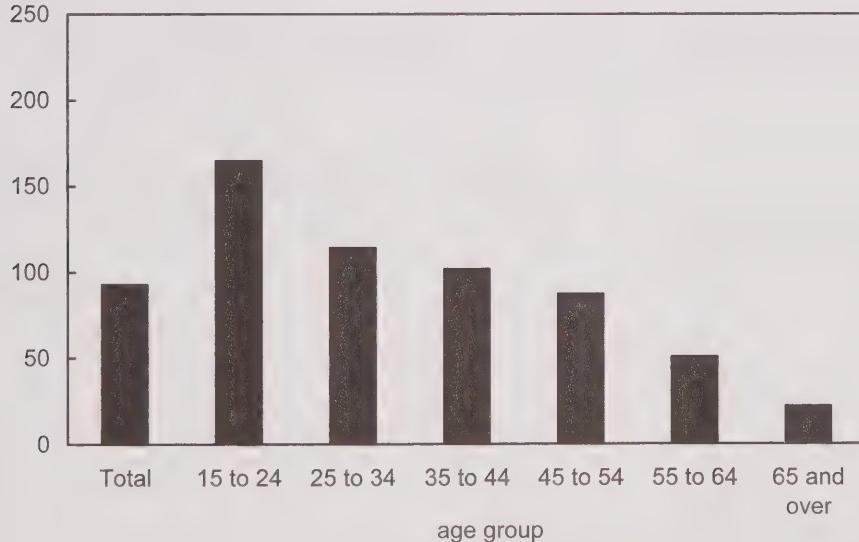
rate per 1,000 population



Source: Statistics Canada, Canadian Centre for Justice Statistics.

Chart 2.3.3
Rate of personal property theft, by age group, 2004

rate per 1,000 population



Source: Statistics Canada, Canadian Centre for Justice Statistics.

Age is strongly associated with spousal violence. According to the 2004 General social survey, it is evident that individuals under the age of 25 are more likely than those who are older to be victimized by their intimate partner. Rates of spousal violence were lowest among those 45 years of age and older where only 1% of those in a marital or common-law relationship experienced any type of violence by a partner in the past 12-month period.

Partner's age is also a factor associated with risk of spousal violence. Similar to the victim's age, those whose partner is under the age of 25 (5%) are more likely to experience violence than those whose partner is older than 25.

Perceptions of local police

Compared with individuals under the age of 45, seniors generally have more positive assessments of the job done by their local police, although they have similar views to those aged 45 to 64 years of age. About two-thirds of seniors believe that their local police are doing a good job enforcing the laws, ensuring the safety of citizens and treating people fairly (Table 2.3.4). Smaller shares of individuals under age of 45 years believe that the local police are doing a good job in these respects. Similarly, seniors are more likely than younger individuals to believe the local police are doing a good job in responding promptly to a call, in being approachable and supplying information on reducing crime.

Chapter 2 Tables

Table 2.1.1

Life expectancy at birth and at age 65, 1921 to 2002

	At birth			At age 65		
	Males	Females	Total	Males	Females	Total
1921 ^{1, 2}	58.8	60.6	59.7	13.0	13.6	13.3
1931 ²	60.0	62.1	61.0	13.0	13.7	13.3
1941 ²	63.0	66.3	64.6	12.8	14.1	13.4
1951	66.4	70.9	68.5	13.3	15.0	14.1
1961	68.4	74.3	71.1	13.6	16.1	14.8
1971	69.4	76.4	72.7	13.8	17.6	15.7
1981	71.9	79.1	75.4	14.6	18.9	16.8
1991	74.6	81.0	77.8	15.8	20.0	18.0
2003	77.4	82.4	79.9	17.4	20.8	19.2

1. Excludes Quebec.

2. Excludes Newfoundland.

Sources: Statistics Canada, Life Tables, Canada, Provinces and Territories, Catalogue no.84-537-XPB; and Canadian Vital Statistics, Birth and Death Databases; and Demography Division (population estimates).

Table 2.1.2

Life expectancy, abridged life-table, three year average, 1997 and 2001

	Both sexes		Males		Females	
	1997	2001	1997	2001	1997	2001
At birth	78.5	79.5	75.7	77.0	81.3	82.0
At age 65	18.2	18.8	16.2	17.0	20.0	20.5
At age 70	14.5	15.1	12.8	13.5	16.1	16.6
At age 75	11.3	11.8	9.9	10.4	12.5	12.9
At age 80	8.5	8.9	7.3	7.8	9.4	9.7
At age 85	6.2	6.4	5.4	5.6	6.7	7.0
At age 90 and over	4.5	4.6	3.9	4.1	4.7	4.9

Sources: Statistics Canada, Vital Statistics - Death Database; Estimates of Population by Age and Sex for Canada, the Provinces and the Territories.

Table 2.1.3

Mortality rates per 1,000 population, 1991, 1996 and 2002

Age at the time of death	1991	1996	2002
55 to 59	7.3	6.6	5.7
60 to 64	11.8	10.7	9.4
65 to 69	18.7	17.5	15.1
70 to 74	28.6	27.8	23.9
75 to 79	46.6	44.0	39.5
80 to 84	73.8	73.3	64.8
85 to 89	118.9	119.4	113.2
90 and over	210.2	219.7	212.2

Sources: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases; and Demography Division (population estimates).

Table 2.1.4

Death rates per 100,000 among people aged 65 and over from selected causes, 2000 to 2002

	Deaths 2000 to 2002								
	Age 65 to 74			Age 75 to 84			Age 85 and over		
	2000	2001	2002	2000	2001	2002	2000	2001	2002
Total all causes									
Both sexes	2,017.0	1,961.6	1,928.2	5,112.6	4,993.8	4,964.6	14,674.0	14,587.0	14,583.0
Males	2,594.4	2,488.1	2,450.4	6,601.3	6,408.5	6,272.5	17,111.6	16,962.6	16,975.1
Females	1,505.4	1,491.5	1,459.7	4,123.3	4,043.8	4,075.9	13,624.3	13,560.4	13,544.9
Malignant neoplasms (total cancers)									
Both sexes	824.0	820.0	814.1	1,422.2	1,424.6	1,428.7	2,064.6	2,109.7	2,121.4
Males	1,024.2	1,011.4	996.6	1,927.4	1,921.7	1,903.4	3,028.2	3,140.1	3,141.8
Females	646.6	649.2	650.3	1,086.4	1,090.8	1,106.2	1,649.6	1,664.4	1,678.6
Ischaemic heart disease									
Both sexes	396.1	366.3	341.2	1,111.0	1,046.6	982.2	3,293.4	3,253.8	3,186.8
Males	577.7	531.4	495.2	1,519.9	1,439.3	1,326.7	3,946.4	3,815.3	3,803.3
Females	235.3	218.9	202.9	839.3	782.9	748.2	3,012.2	3,011.1	2,919.2
Cerebrovascular diseases (including stroke)									
Both sexes	105.3	100.2	95.9	430.7	413.6	400.3	1,567.2	1,526.1	1,489.6
Males	127.1	121.4	113.6	489.6	475.6	451.4	1,493.7	1,476.6	1,473.3
Females	85.9	81.3	80.0	391.6	371.9	365.6	1,598.9	1,547.5	1,496.7
Chronic lower respiratory disease									
Both sexes	99.9	97.7	95.3	315.1	305.7	294.6	692.3	671.7	681.7
Males	125.4	118.7	112.1	460.5	441.5	418.6	1,192.0	1,135.8	1,153.6
Females	77.4	79.0	80.1	218.4	214.5	210.3	477.1	471.1	476.9
Influenza and pneumonia									
Both sexes	22.0	19.8	18.7	109.7	106.0	99.0	664.2	611.9	595.1
Males	28.1	23.3	24.5	142.7	136.5	121.4	806.9	744.6	704.0
Females	16.7	16.7	13.4	87.7	85.4	83.7	602.8	554.6	547.8
Alzheimer's disease									
Both sexes	17.5	19.1	19.7	137.7	143.6	141.1	681.2	729.0	703.1
Males	18.0	18.5	18.6	131.4	131.7	124.1	536.3	608.9	578.7
Females	17.0	19.5	20.8	142.0	151.6	152.6	743.6	780.9	757.1
Dementia									
Both sexes	9.9	10.2	12.4	91.0	91.7	94.3	681.5	706.2	715.5
Males	12.1	12.3	15.0	95.1	91.6	90.3	584.6	557.7	552.1
Females	8.0	8.4	10.0	88.3	91.7	97.1	723.2	770.3	786.4
Falls									
Both sexes	9.5	9.8	9.4	33.4	35.8	34.4	155.8	175.9	166.9
Males	14.2	13.6	13.6	44.1	43.6	45.2	184.8	211.4	192.1
Females	5.4	6.4	5.7	26.2	30.6	27.1	143.3	160.5	155.9

Source: Statistics Canada, Health Statistics Division.

Table 2.1.5
Cancer death rates (per 100,000) among people aged 65 and over, by type of cancer, age group and sex, 2000 to 2002

	Deaths 2000 to 2002								
	Age 65 to 74			Age 75 to 84			Age 85 and over		
	2000	2001	2002	2000	2001	2002	2000	2001	2002
Malignant neoplasms (total cancers)									
Both sexes	824.0	820.0	814.1	1422.2	1424.6	1428.7	2064.6	2109.7	2121.4
Males	1024.2	1011.4	996.6	1927.4	1921.7	1903.4	3028.2	3140.1	3141.8
Females	646.6	649.2	650.3	1086.4	1090.8	1106.2	1649.6	1664.4	1678.6
Malignant neoplasm of trachea, bronchus and lung									
Both sexes	257.8	259.2	258.5	346.2	354.6	361.2	295.8	313.0	331.9
Males	344.5	343.3	338.0	532.4	535.9	542.0	530.6	577.4	599.2
Females	180.9	184.2	187.2	222.5	232.8	238.3	194.7	198.7	215.9
Malignant neoplasm of breast									
Females	91.7	93.9	90.9	144.9	141.4	143.1	250.7	260.4	257.1
Malignant neoplasm of prostate									
Males	92.8	88.5	80.9	303.2	310.5	282.2	768.5	773.8	750.3
Malignant neoplasm of colon, rectum and anus									
Both sexes	81.7	80.8	86.0	159.9	157.0	157.0	281.3	287.3	290.3
Males	107.1	102.0	111.6	201.5	200.7	202.6	347.5	331.3	347.1
Females	59.2	61.8	63.1	132.2	127.7	126.0	252.8	268.3	265.7
Other types of cancer									
Both sexes	391.6	387.8	382.8	707.1	702.6	710.1	1079.7	1093.4	1091.5
Males	478.3	475.8	464.9	888.1	871.9	874.1	1377.6	1455.3	1440.7
Females	314.8	309.3	309.1	586.8	588.9	598.7	951.4	937.0	940.0

Source: Statistics Canada, Health Statistics Division.

Table 2.1.6

Number of new cases of selected cancers per 100,000 people aged 60 and over, by age group and sex, 2001

	Age group			
	60 to 69	70 to 79	80 and over	60 and over
All cancers				
Both sexes	1415.7	2139.7	2376.4	1845.6
Males	1761.1	2854.2	3350.7	2366.6
Females	1090.1	1578.9	1868.2	1430.7
Lung and bronchus				
Both sexes	233.2	375.4	343.8	303.3
Males	292.7	525.4	565.1	412.2
Females	177.1	257.6	228.4	216.6
Breast				
Females	322.2	356.9	338.6	338.0
Prostate				
Males	616.3	857.6	843.9	732.5
Colorectal				
Both sexes	179.0	315.5	428.8	272.6
Males	225.2	397.9	521.5	327.2
Females	135.4	250.9	380.5	229.1
Other cancers				
Both sexes	538.6	871.8	1092.0	756.7
Males	626.8	1073.3	1420.3	894.5
Females	455.3	713.6	920.7	647.0

Sources: Statistics Canada, Canadian Cancer Registry (CCR) Database (July 2005 file); and Demography Division (population estimates).

Table 2.1.7

Percentage of persons reporting self-perceived health, by age group and sex, 1994/95 and 2003

	1994/1995					2003				
	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent										
Total										
Excellent	28.4	18.0	12.9	11.8	12.5	25.0	18.0	13.0	9.4	11.5
Very good	39.4	30.9	28.8	24.6	27.2	38.1	31.2	27.2	22.5	25.2
Good	24.9	33.2	34.6	32.0	33.7	28.8	32.9	37.2	36.0	36.7
Fair	5.8	13.6	18.8	23.5	20.5	6.4	13.3	17.1	23.7	19.9
Poor	1.6	4.3	4.9	8.2	6.1	1.7	4.6	5.5	8.4	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Men										
Excellent	28.8	16.6	12.6	11.4	12.2	25.0	18.3	14.4	10.7	13.0
Very good	40.8	33.4	29.1	23.5	27.2	38.3	32.0	26.8	23.1	25.4
Good	24.1	32.8	34.1	35.0	34.4	29.6	32.6	36.3	34.6	35.6
Fair	5.0	13.1	18.2	21.9	19.5	5.7	12.8	16.7	22.1	18.7
Poor	1.3	4.1	6.1	8.2	6.8	1.5	4.4	5.9	9.5	7.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Women										
Excellent	27.9	19.2	13.1	12.0	12.7	25.0	17.6	11.8	8.6	10.4
Very good	37.9	28.7	28.5	25.3	27.3	37.9	30.5	27.5	22.2	25.0
Good	25.7	33.5	35.1	30.1	33.1	28.0	33.2	38.0	36.9	37.5
Fair	6.6	14.2	19.4	24.5	21.3	7.1	13.8	17.5	24.7	20.8
Poor	1.9	4.5	4.0	8.2	5.6	1.9	4.9	5.2	7.7	6.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Sources: Statistics Canada, National Population Health Survey 1994/95; and Canadian Community Health Survey 2003.

Table 2.1.8
Prevalence of chronic conditions, by age group and sex, 2003

	Total aged						Males aged						Females aged						
	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over
	percent																		
Arthritis or rheumatism	11.1	31.8	44.2	51.5	47.3	8.6	24.2	35.2	41.9	37.7	13.5	39.3	52.3	57.7	54.7				
High blood pressure	8.5	29.2	41.0	45.2	42.8	9.2	27.9	37.4	37.1	37.3	7.8	30.4	44.3	50.5	47.1				
Back problems excluding arthritis	21.1	25.5	24.0	24.3	24.1	21.0	24.0	22.4	20.3	21.6	21.1	27.0	25.5	26.9	26.1				
Other allergies	28.3	26.2	23.2	21.1	22.3	23.9	18.2	16.4	15.6	16.1	32.6	34.2	29.3	24.7	27.2				
Cataracts	0.7	4.6	15.7	27.6	20.7	0.8	3.7	11.9	22.7	16.0	0.6	5.6	19.2	30.7	24.5				
Heart disease	1.9	8.8	15.7	25.3	19.8	2.1	11.0	18.4	27.5	21.8	1.6	6.5	13.3	23.9	18.1				
Diabetes	2.6	9.9	14.1	12.7	13.5	2.6	11.8	16.5	14.1	15.6	2.6	8.1	12.0	11.8	11.9				
Thyroid condition	4.5	9.3	11.9	14.2	12.9	1.4	3.6	3.9	7.6	5.3	7.5	15.0	18.9	18.5	18.7				
Urinary incontinence	1.5	4.2	8.2	14.0	10.7	0.6	2.3	6.6	12.7	8.9	2.5	6.0	9.6	14.9	12.0				
Asthma	7.5	7.8	7.5	7.7	7.6	6.0	5.9	6.4	7.8	6.9	9.0	9.6	8.5	7.6	8.1				
Food allergies	7.6	7.4	7.0	6.6	6.9	5.4	4.6	4.6	4.3	4.5	9.8	10.3	9.1	8.2	8.7				
Glaucoma	0.6	2.5	4.8	9.2	6.7	0.5	2.4	4.1	7.6	5.4	0.6	2.6	5.4	10.2	7.6				
Cancer	0.9	3.3	5.0	6.2	5.5	0.5	2.8	6.2	8.6	7.1	1.2	3.7	4.0	4.6	4.2				
Migraine headaches	12.5	9.4	6.2	4.3	5.4	7.0	5.2	4.2	2.7	3.6	17.9	13.5	8.0	5.3	6.8				
Chronic bronchitis	2.1	3.9	4.8	5.2	5.0	1.4	2.6	3.7	5.2	4.3	2.7	5.2	5.8	5.1	5.5				
Suffers effect of a stroke	0.4	1.5	3.1	6.3	4.5	0.3	1.7	3.7	7.7	5.2	0.4	1.3	2.6	5.5	3.9				
Stomach/Intestinal ulcers	2.8	3.9	4.5	4.2	4.4	2.5	3.5	4.4	3.8	4.2	3.1	4.3	4.7	4.4	4.5				
Mood disorder	6.0	6.4	4.2	4.2	4.2	4.3	4.7	2.8	4.1	3.3	7.6	8.0	5.4	4.2	4.9				
Bowel disorder	2.3	3.1	3.7	4.3	3.9	1.4	1.7	2.5	3.1	2.8	3.2	4.4	4.8	5.0	4.9				
Suffers/multiple chemical sensitivities	2.5	4.0	3.2	2.5	2.9	1.3	2.3	1.7	1.2 ^E	1.5	3.6	5.7	4.7	3.3	4.0				
Anxiety disorder	4.4	4.6	3.3	2.4	2.9	3.1	3.1	1.8	1.9 ^E	1.8	5.7	6.0	4.7	2.7	3.8				
Alzheimer/other dementia	0.1 ^E	0.2 ^E	0.9	3.4 ^E	2.0	F	0.2 ^E	1.2 ^E	4.3 ^E	2.4	F	F	0.7 ^E	2.8	1.7				
Fibromyalgia	1.5	3.0	2.3	1.5	1.9	0.6	1.0	1.2 ^E	0.8 ^E	1.1	2.4	5.1	3.2	2.0	2.6				
Chronic fatigue syndrome	1.3	2.2	1.9	1.8	1.9	0.8	1.4	1.2	1.6 ^E	1.3	1.7	3.1	2.6	1.9	2.3				
Epilepsy	0.5	0.6 ^E	0.6	0.6 ^E	0.6	0.6	0.8 ^E	0.6 ^E	0.9 ^E	0.7	0.5	0.5 ^E	0.7 ^E	F	0.6				

^E use with caution (16.6-33.3% coefficient of variation)

F too unreliable to be published (CV exceed 33.3%)

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.9

Percentage of persons reporting needing help for daily activities, by age group, 1994/1995 and 2003

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
	percent				
1994/1995					
Preparing meals	1.4	1.5	3.1	13.3	6.9
Doing everyday housework ¹	2.4	4.2	7.6	21.8	12.8
Personal care such as washing, dressing, eating or taking medication	0.6	0.9	1.5	8.9	4.2
Moving inside the house	0.5	0.8	1.6	4.6	2.7
2003					
Preparing meals	1.8	3.3	3.9	13.2	7.8
Doing everyday housework	3.9	7.1	9.5	24.7	15.9
Personal care such as washing, dressing, eating or taking medication	0.9	1.9	3.0	9.8	5.8
Moving inside the house	0.9	1.6	2.2	4.8	3.3

1. In 1994/1995, respondents were asked if they needed the help of another person in doing normal everyday housework. The term normal was not used in 2003 CCHS.

Source: Statistics Canada, Canadian Community Health Survey 2003.

Table 2.1.10

Percentage of persons with various health problems, by age group, 2002

	Age 55 to 64	Age 65 to 74	Age 75 to 84	Age 85 and over
	percent			
Pain or discomfort ¹	29.7	32.7	37.0	40.1
Hearing ²	1.8	3.4	6.2	12.8
Mobility ³	4.5	7.9	22.9	46.6
Memory ⁴	22.5	28.5	32.3	39.2
Thinking ⁵	6.4	7.3	9.4	16.3
Vision ⁶	1.1	2.1	5.8	16.5
Dexterity ⁷	3.6	4.3	6.3	12.2
Sleep ⁸	26.0	28.5	31.7	32.3
Speech ⁹	0.8 ^E	0.8 ^E	1.6	4.1

1. Percentage who said that they were **not** free of pain or discomfort.

2. Percentage with uncorrected hearing problems, i.e. who cannot hear a normal conversation, even with hearing aid.

3. Persons who require mechanical support/wheelchair, help from people or who cannot walk.

4. Persons who are somewhat forgetful, very forgetful or unable to remember anything at all.

5. Persons who have a little difficulty, some difficulty, a great deal of difficulty or who are unable to think/solve day-to-day problems.

6. Vision problem not corrected.

7. Dexterity problem requires special equipment or help.

8. Regularly have trouble going to sleep or staying asleep.

9. Percentage who are partially understood or not understood by strangers or friends.

^E use with caution

Source: Statistics Canada, General Social Survey, 2002.

Table 2.1.11

Self-rated level of stress¹, by age group and sex, 2002

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent					
All					
Not at all stressful	8.3	17.2	30.1	34.4	31.9
Not very stressful	19.5	25.2	28.6	29.1	28.8
A bit stressful	43.9	37.6	29.9	25.5	28.1
Quite a bit stressful	24.0	16.8	9.6	9.7	9.7
Extremely stressful	4.4	3.3	1.8	1.4	1.6
Total	100.0	100.0	100.0	100.0	100.0
Men					
Not at all stressful	9.4	19.7	35.9	38.8	36.9
Not very stressful	19.3	24.8	28.1	30.4	28.9
A bit stressful	44.0	36.3	26.3	21.6	24.5
Quite a bit stressful	23.1	15.8	8.5	8.0	8.3
Extremely stressful	4.3	3.5	1.3	1.3	1.3
Total	100.0	100.0	100.0	100.0	100.0
Women					
Not at all stressful	7.2	14.6	25.0	31.6	27.9
Not very stressful	19.7	25.6	29.1	28.2	28.7
A bit stressful	43.8	38.9	33.2	28.0	30.9
Quite a bit stressful	24.8	17.8	10.6	10.8	10.7
Extremely stressful	4.5	3.2	2.2	1.5	1.9
Total	100.0	100.0	100.0	100.0	100.0

1. Respondents were asked: "Thinking about the amount of stress in your life, would you say that most days are not at all stressful, not very stressful, a bit stressful, quite a bit stressful, extremely stressful?"

Source: Statistics Canada, Canadian Community Health Survey 2002.

Table 2.1.12

Score on the mastery scale, by age group, 2003

	Age group				
	25 to 54	55 to 64	65 to 74	75 and over	65 and over
percent					
Low mastery	0.6	0.8	0.7	1.3	0.9
Medium-low mastery	12.3	17.6	19.9	26.7	22.6
Medium-high mastery	63.0	66.3	68.9	65.6	67.6
High mastery	24.1	15.4	10.6	6.4	8.9
Total	100.0	100.0	100.0	100.0	100.0

Source: Statistics Canada, General Social Survey, 2003.

Table 2.1.13**Percentage of persons who are active, moderately active or inactive, by age group, 2003**

Age group	Total			Women			Men			Total		
	Active	Moderate	Inactive	Total	Active	Moderate	Inactive	Total	Active	Moderate	Inactive	
percent												
25 to 54	23.8	25.7	50.5	100.0	21.6	26.3	52.1	100.0	25.9	25.1	49.0	100.0
55 to 64	22.5	25.0	52.4	100.0	20.7	26.1	53.1	100.0	24.4	23.9	51.7	100.0
65 to 74	22.0	25.2	52.8	100.0	17.4	24.3	58.2	100.0	27.3	26.1	46.6	100.0
75 and over	13.5	19.6	67.0	100.0	9.6	17.5	72.9	100.0	19.8	23.0	57.2	100.0
65 and over	18.5	22.9	58.6	100.0	14.0	21.3	64.8	100.0	24.6	25.0	50.4	100.0

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.14**Percentage of persons who are active, moderately active or inactive, by province and age group, 2003**

	Age 25 to 64				Age 65 and over				Total
	Active	Moderate	Inactive	Total	Active	Moderate	Inactive	Total	
percent									
Newfoundland and Labrador	18.6	24.9	56.5	100.0	13.5	15.4	71.1	100.0	
Prince Edward Island	18.1	22.0	59.9	100.0	12.5	20.0	67.5	100.0	
Nova Scotia	20.9	24.0	55.1	100.0	12.6	21.7	65.8	100.0	
New Brunswick	18.8	25.3	55.9	100.0	12.5	16.1	71.4	100.0	
Quebec	19.9	25.2	55.0	100.0	17.1	22.7	60.2	100.0	
Ontario	22.9	25.4	51.7	100.0	18.9	23.0	58.1	100.0	
Manitoba	24.3	25.4	50.3	100.0	16.1	18.6	65.3	100.0	
Saskatchewan	23.7	25.0	51.3	100.0	14.2	21.5	64.4	100.0	
Alberta	27.3	25.9	46.9	100.0	18.4	23.8	57.8	100.0	
British Columbia	31.1	27.6	41.4	100.0	24.9	26.3	48.7	100.0	

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.15

Percentage of persons who are smokers, by age group and sex, 1994/95 and 2003

	1994					2003				
	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent										
Total										
Daily smoker	29.9	22.5	14.2	8.7	12.2	21.8	16.7	11.3	6.6	9.3
Occasional smoker	5.1	3.9	3.2	1.1	2.4	5.7	2.7	2.1	1.0	1.6
Former smoker	28.6	38.9	45.8	43.2	44.9	40.2	53.0	54.6	53.5	54.1
Never smoked	36.5	34.7	36.8	47.1	40.6	32.4	27.6	32.1	39.0	35.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Women										
Daily smoker	27.5	20.2	12.3	7.7	10.5	19.5	16.0	11.0	6.2	8.8
Occasional smoker	4.7	3.1	3.2	0.7	2.2	5.1	2.5	2.0	1.2	1.7
Former smoker	27.8	30.5	33.9	27.9	31.6	39.0	45.9	43.2	40.5	41.9
Never smoked	40.0	46.3	50.5	63.8	55.6	36.5	35.7	43.8	52.1	47.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Men										
Daily smoker	32.2	25.1	16.5	10.2	14.4	24.1	17.3	11.7	7.1	9.9
Occasional smoker	5.4	4.9	3.0	1.7	2.6	6.3	2.9	2.1	0.7 ^E	1.6
Former smoker	29.5	48.6	60.4	66.0	62.3	41.4	60.2	67.3	73.6	69.7
Never smoked	33.0	21.5	20.0	22.2	20.8	28.2	19.6	18.9	18.6	18.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^E use with caution.

Sources: Statistics Canada, National Population Health Survey 1994/95; and Canadian Community Health Survey, 2003.

Table 2.1.16

Percentage of persons who are drinkers, by age group and sex, 1994/95 and 2003

Age group	1994/1995				2003				Total	
	Regular drinker	Occasional drinker	Former drinker	Never drank	Total	Regular drinker	Occasional drinker	Former drinker	Never drank	
percent										
Total										
25 to 54	64.0	19.5	9.5	7.0	100.0	67.2	17.3	9.9	5.7	100.0
55 to 64	55.7	19.0	16.1	9.2	100.0	61.1	17.3	15.8	5.9	100.0
65 to 74	44.9	21.6	21.0	12.6	100.0	52.4	18.9	19.8	8.9	100.0
75 and over	31.5	20.7	27.4	20.4	100.0	41.9	19.7	25.8	12.7	100.0
65 and over	40.0	21.3	23.3	15.4	100.0	48.0	19.3	22.3	10.5	100.0
Women										
25 to 54	51.8	27.6	11.6	9.0	100.0	58.6	22.6	11.5	7.3	100.0
55 to 64	46.0	22.9	18.4	12.8	100.0	50.9	22.4	18.0	8.7	100.0
65 to 74	36.2	23.7	21.9	18.2	100.0	41.9	23.5	21.9	12.7	100.0
75 and over	22.2	21.2	29.7	26.8	100.0	32.8	22.1	27.9	17.2	100.0
65 and over	30.8	22.8	24.9	21.5	100.0	37.8	22.9	24.6	14.7	100.0
Men										
25 to 54	76.0	11.6	7.4	5.1	100.0	75.8	11.9	8.3	4.0	100.0
55 to 64	66.8	14.5	13.5	5.2	100.0	71.2	12.1	13.7	3.0	100.0
65 to 74	55.6	18.9	19.8	5.6	100.0	64.2	13.7	17.4	4.7	100.0
75 and over	45.5	20.0	23.8	10.8	100.0	55.9	16.1	22.4	5.7	100.0
65 and over	52.2	19.3	21.2	7.4	100.0	61.1	14.6	19.3	5.1	100.0

Sources: Statistics Canada, National Population Health Survey 1994/95; Canadian Community Health Survey, 2003.

Table 2.1.17

Percentage of persons who are heavy drinkers¹, by level of education and age group, 2003

	Age	Age	Age	Age 75	Age 65
	25 to 54	55 to 64	65 to 74	and over	and over
percent					
Less than high school	28.0	14.6	8.2	3.2	6.1
High school	23.3	13.4	6.2	2.1	4.5
Post-sec. diploma/certificate	23.0	13.3	6.9	2.0 ^E	5.3
University degree	16.9	12.7	7.4	3.0 ^E	6.0

^E use with caution

1. Includes those who have had five or more drinks on one occasion at least once a month in the past 12 months.

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.18

Percentage of persons with a regular medical doctor, by age group and province, 2003

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent					
Canada	83.0	92.5	95.3	95.9	95.6
Newfoundland and Labrador	84.4	90.9	90.7	94.4	92.2
Prince Edward Island	91.4	94.6	94.6	95.2	94.9
Nova Scotia	93.6	96.8	96.6	97.3	96.9
New Brunswick	91.8	92.7	93.3	96.0	94.6
Quebec	69.6	86.6	93.2	94.0	93.5
Ontario	89.9	95.9	97.5	97.1	97.3
Manitoba	81.3	90.0	90.9	93.8	92.4
Saskatchewan	84.8	90.6	94.0	94.9	94.4
Alberta	82.0	93.2	94.5	95.4	94.9
British Columbia	87.0	94.7	96.1	97.0	96.5

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.19

Frequency of medical doctor consultations in the past 12 months, by age group and sex, 2003

	Total aged					Men aged					Women aged				
	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over	65 and over
percent															
0 visit	21.2	13.8	10.5	8.7	9.7	28.5	16.9	11.9	8.6	10.7	14.0	10.7	9.2	8.7	8.9
1 to 2 times	37.2	33.2	29.4	23.7	27.0	39.2	34.2	30.7	24.0	28.1	35.2	32.2	28.2	23.6	26.1
3 to 5 times	22.5	27.9	31.4	30.8	31.1	19.8	26.4	30.9	29.5	30.4	25.1	29.5	31.8	31.7	31.7
6 to 11 times	11.5	15.6	16.8	20.4	18.3	8.0	14.3	15.2	20.7	17.3	14.9	16.9	18.3	20.2	19.2
12 and more	7.7	9.5	12.0	16.5	13.9	4.6	8.2	11.4	17.3	13.6	10.8	10.7	12.6	16.0	14.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.20

Percentage of persons who consulted various types of health professionals in the past 12 months, 2003

	Total aged					Men aged					Women aged				
	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over	65 and over	25 to 54	55 to 64	65 to 74	75 and over	65 and over
percent															
Eye specialist	33.3	42.7	54.1	60.5	56.7	29.4	39.7	50.4	60.0	54.0	37.2	45.7	57.3	60.8	58.8
Nurse	10.6	9.1	9.3	13.6	10.8	7.8	8.7	10.0	12.4	10.5	13.3	9.6	8.7	14.4	11.1
Dentist or orthodontist	66.4	58.8	48.3	41.7	45.5	62.9	57.1	47.6	42.5	45.7	69.8	60.4	49.0	41.2	45.4
Chiropractor	13.3	11.6	9.0	7.0	8.2	12.9	11.0	8.1	6.8	7.6	13.6	12.2	9.9	7.1	8.6
Physiotherapist	9.2	9.4	8.5	8.0	8.2	8.4	7.9	6.9	6.7	6.8	9.9	11.0	9.9	8.8	9.2
Social worker or counsellor	4.6	2.5	1.9	3.9	2.7	3.7	1.7	1.3	3.6	2.1	5.4	3.3	2.4	4.1	3.1
Psychologist	3.7	1.9	0.9	0.7	2.6	3.0	1.4	0.7	0.5	2.9	4.3	2.5	1.0	0.9	2.4
Speech, audiology or occupational therapist	1.5	1.6	2.2	3.3	6.1	1.5	1.4	2.4	3.9	4.2	1.4	1.8	1.9	2.9	7.6

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.21

Percentage of persons who said they were covered by insurance, by age group and sex, 2003

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent					
Total					
Prescription medications	79.5	79.1	79.3	76.6	78.2
Dental expenses	68.1	56.1	30.9	25.7	28.7
Eye glasses/contact lenses	60.1	53.6	35.0	32.2	33.8
Hospital charges	67.2	63.7	45.4	41.3	43.7
Women					
Prescription medications	80.5	77.9	80.1	75.6	78.0
Dental expenses	68.5	54.0	28.6	21.5	25.3
Eye glasses/contact lenses	60.3	51.2	33.2	28.3	30.9
Hospital charges	68.2	61.8	44.2	38.7	41.7
Men					
Prescription medications	78.5	80.4	78.5	78.2	78.4
Dental expenses	67.6	58.1	33.6	32.1	33.0
Eye glasses/contact lenses	59.8	56.1	37.0	38.3	37.5
Hospital charges	66.3	65.6	46.8	45.3	46.2

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.22
Percentage of seniors, aged 65 and over who said they were covered by health insurances, by province, 2003

	Prescription medications	Dental expenses	Eye glasses or contact lenses	Hospital charges
percent				
Newfoundland and Labrador	73.0	21.1	36.9	38.4
Prince Edward Island	62.1	24.7	42.4	44.0
Nova Scotia	85.5	26.6	44.6	48.5
New Brunswick	74.4	29.0	51.9	46.5
Quebec	82.3	13.8	18.0	36.4
Ontario	79.5	35.4	39.2	46.8
Manitoba	60.0	24.2	29.6	49.0
Saskatchewan	52.0	23.8	37.2	57.9
Alberta	89.5	41.3	45.1	57.6
British Columbia	72.5	32.8	34.1	33.9

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.23
Percentage of seniors who said they were covered by insurance, by level of income adequacy, 2003

	Prescription medications	Dental expenses	Eye glasses or contact lenses	Hospital charges
percent				
Lowest income quartile	73.4	14.7	18.1	23.6
Lower middle income quartile	76.4	21.0	26.1	32.9
Upper middle income quartile	82.3	37.0	43.5	55.0
Highest income quartile	83.0	47.8	51.5	66.4

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 2.1.24

Health expenditure by age of reference person, 2003

	1982				2003			
	Total	Age 55 to 64	Age 65 to 74	Age 75 and over	Total	Age 55 to 64	Age 65 to 74	Age 75 and over
\$ million (2003)								
All households ¹	2,114.50	1,235.10	609.4	270	7,202.70	3,497.00	2,048.70	1,657.00
Direct cost to family	70.6	63.7	80.5	79.7	70.0	64.9	71.7	78.5
Medicines and pharmaceuticals	24.5	23.3	27.0	24.4	33.1	28.0	37.7	38.0
Eye care	12.7	11.9	13.4	15.2	8.6	9.4	7.9	7.8
Dental services	21.2	19.3	26.0	18.8	16.9	18.2	16.9	14.1
Other services	12.2	9.2	14.2	21.2	11.3	9.2	9.1	18.6
Health insurance premiums	29.4	36.3	19.5	20.3	30.0	35.1	28.3	21.5
percent								
Unattached men	84.1	52.9	17.9	13.3	405.1	132.7	99.8	172.6
Direct cost to family	65.1	62.5	73.9	63.5	69.8	60.8	73.4	74.6
Medicines and pharmaceuticals	23.5	21.6	28.7	23.9	30.7	27.1	33.6	31.8
Eye care	12.5	12.9	15.1	7.3	7.9	7.9	9.0	7.2
Dental services	17.1	17.7	18.4	13.0	17.1	16.0	25.0	13.4
Other services	12.0	10.3	11.7	19.3	14.1	9.8	5.8	22.2
Health insurance premiums	34.9	37.5	26.1	36.5	30.2	39.2	26.6	25.4
\$ million (2003)								
Unattached women	284.9	104.1	100.0	80.7	1085.0	295.4	303.3	486.2
Direct cost to family	75.3	65.7	83.2	77.8	76.9	69.9	76.6	81.3
Medicines and pharmaceuticals	26.3	30.4	24.3	23.6	36.2	29.9	36.6	39.8
Eye care	16.2	12.8	17.6	18.8	9.1	10.0	9.0	8.6
Dental services	19.5	12.0	27.6	19.2	15.6	15.5	20.9	12.4
Other services	13.3	10.5	13.8	16.3	15.9	14.4	10.1	20.5
Health insurance premiums	24.7	34.3	16.8	22.2	23.1	30.1	23.4	18.7
percent								
Couples only	830.3	422.8	303.9	103.5	3362.3	1580.8	1091.8	689.7
Direct cost to family	72.1	62.2	82.4	82.0	68.9	63.5	71.0	77.8
Medicines and pharmaceuticals	25.9	24.0	27.9	27.8	34.2	29.5	37.9	39.3
Eye care	12.2	10.9	12.7	15.4	7.8	8.3	7.6	6.9
Dental services	21.5	18.1	26.7	20.3	16.9	17.4	17.2	15.4
Other services	12.5	9.3	14.9	18.6	9.9	8.3	8.3	16.1
Health insurance premiums	27.9	37.8	17.6	18.0	31.1	36.5	29.0	22.2

1. Includes households with children or relatives and other mixes.

Sources: Statistics Canada, Family Expenditure Survey, 1982; Survey of Household Spending, 2003.

Table 2.2.1

Average and median income received by seniors, by family type, Canada, selected years

	1980	1984	1988	1992	1996	2000	2003
2003 constant dollars							
Senior married couples							
Average total income	39,800	40,800	40,700	43,100	45,200	47,900	49,300
Average after-tax income	36,300	37,000	36,500	37,900	38,500	40,600	42,800
Median after-tax income	27,900	28,800	29,600	31,800	32,900	34,800	36,500
Senior unattached men							
Average total income	22,400	23,500	24,500	26,500	28,000	26,900	29,600
Average after-tax income	20,100	20,800	21,800	23,100	23,900	23,200	25,500
Median after-tax income	14,100	15,800	17,900	18,400	18,200	18,900	20,200
Senior unattached women							
Average total income	17,800	19,100	19,900	21,200	22,800	23,500	24,800
Average after-tax income	16,900	17,900	18,400	19,300	20,300	20,700	22,000
Median after-tax income	12,800	14,400	15,500	16,600	16,700	17,500	18,200

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.2

Median after-tax income among seniors, by family type¹ and province, selected years

	1980	1984	1988	1992	1996	2000	2003
2003 constant dollars							
Elderly married couples							
Canada	27,900	28,800	29,600	31,800	32,900	34,800	36,500
Newfoundland & Labrador	21,700	22,300	23,200	23,900	25,400	25,500	25,900
Prince Edward Island	F	27,300	24,900	27,800	33,000	28,200	29,600
Nova Scotia	23,700	26,100	26,300	29,300	28,800	31,100	32,900
New Brunswick	23,600	24,500	27,800	26,400	29,200	30,500	32,000
Quebec	23,800	26,200	26,200	27,800	30,200	32,000	31,700
Ontario	30,900	30,600	33,500	35,000	35,800	37,500	41,400
Manitoba	27,800	29,000	30,100	28,500	31,300	34,400	36,700
Saskatchewan	26,500	31,000	29,000	33,300	32,800	35,800	35,600
Alberta	29,500	29,400	28,600	30,100	32,500	36,000	37,100
British Columbia	34,400	30,900	29,700	35,200	36,000	40,200	37,800
Unattached elderly females							
Canada	12,800	14,400	15,500	16,600	16,700	17,500	18,200
Newfoundland & Labrador	10,600	13,100	12,300	14,100	13,900	14,000	15,600
Prince Edward Island	F	12,000	14,800	15,600	15,300	15,400	15,400
Nova Scotia	11,700	14,100	14,300	14,300	14,900	15,600	17,100
New Brunswick	11,700	13,000	14,000	14,900	15,600	15,900	16,300
Quebec	12,600	13,400	14,300	15,700	15,500	15,600	16,500
Ontario	13,600	15,300	16,600	17,700	17,800	18,600	20,200
Manitoba	11,600	15,100	16,100	16,700	17,100	17,200	17,700
Saskatchewan	11,900	13,500	15,800	16,200	16,300	16,500	16,900
Alberta	12,600	15,400	15,500	16,200	17,700	19,100	19,100
British Columbia	14,100	14,300	15,200	17,100	17,500	18,800	18,700
Unattached elderly males							
Canada	14,100	15,800	17,900	18,400	18,200	18,900	20,200
Newfoundland & Labrador	F	F	14,200	13,300	15,600	F	15,700
Prince Edward Island	F	F	14,700	15,000	F	F	19,200
Nova Scotia	13,000	14,900	14,800	16,700	18,100	17,600	19,000
New Brunswick	14,100	14,000	15,200	19,600	16,200	18,900	16,300
Quebec	13,800	14,700	16,100	16,500	15,500	17,100	19,400
Ontario	14,300	17,000	19,900	21,500	23,000	20,100	22,100
Manitoba	17,600	17,000	18,400	18,500	17,300	18,700	19,600
Saskatchewan	F	14,600	15,800	17,900	16,700	22,100	21,100
Alberta	13,300	18,000	17,400	17,900	18,400	19,100	21,000
British Columbia	13,500	15,700	18,600	20,600	19,200	22,200	20,600

1. Includes economic families and unattached individuals. An economic family is defined as a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common law or adoption. An unattached individual is a person living either alone or with others to whom he or she is unrelated, such as roommates or a lodger.

Families in which the major income earner is 65 years or older. For data prior to 1996, the head of family is 65 years or older.

Families in which the major income earner is less than 65 years old. For data prior to 1996, the head of family is less than 65 years old.

F too unreliable to be published

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.3

Income characteristics of seniors, by sex and selected income sources¹, Canada, selected years

	1980	1984	1988	1992	1996	2000	2003
Men							
Earnings							
Percentage receiving income from source	24.2	18.2	15.0	12.7	15.9	20.8	25.1
Average income received	24,800	26,100	21,500	14,600	14,800	10,400	9,900
Percentage of total aggregate income	22.8	17.5	12.0	6.7	8.0	7.2	8.1
Investment income							
Percentage receiving income from source	67.4	64.6	63.2	57.5	61.5	59.2	56.1
Average income received	9,000	8,400	7,200	7,200	5,800	5,900	4,800
Percentage of total aggregate income	23.0	20.2	16.9	15.0	12.1	11.6	8.8
Retirement income							
Percentage receiving income from source	39.8	41.8	52.0	54.2	63.0	68.3	69.8
Average income received	10,700	12,400	12,300	14,300	15,700	16,300	17,900
Percentage of total aggregate income	16.2	19.2	23.8	27.8	33.4	37.0	40.5
OAS/GIS/SPA							
Percentage receiving income from source	96.0	96.3	96.3	98.0	96.8	95.1	93.6
Average income received	6,300	6,900	6,700	6,700	6,400	6,100	6,100
Percentage of total aggregate income	22.8	24.7	23.9	23.7	21.0	19.4	18.4
CPP/QPP							
Percentage receiving income from source	68.6	74.4	82.3	87.2	91.8	94.1	95.8
Average income received	4,000	5,100	6,100	6,500	6,800	6,700	6,500
Percentage of total aggregate income	10.4	14.2	18.5	20.2	21.1	20.9	20.2
Women							
Earnings							
Percentage receiving income from source	8.7	6.2	5.9	5.6	5.2	7.9	10.9
Average income received	12,100	15,400	13,400	10,400	11,100	8,200	8,100
Percentage of total aggregate income	7.0	5.9	4.7	3.2	3.1	3.3	4.3
Investment income							
Percentage receiving income from source	56.5	55.0	53.4	51.4	57.6	59.6	58.4
Average income received	7,500	7,400	6,700	8,000	5,600	4,800	4,500
Percentage of total aggregate income	28.2	25.1	21.5	22.4	17.3	14.6	12.6
Retirement income							
Percentage receiving income from source	19.7	19.7	24.6	28.4	39.4	47.9	53.0
Average income received	6,900	7,100	7,600	8,300	8,900	9,600	10,200
Percentage of total aggregate income	9.0	8.5	11.3	12.9	18.9	23.3	26.3
OAS/GIS/SPA							
Percentage receiving income from source	96.7	97.1	97.6	98.0	97.0	97.2	97.4
Average income received	6,800	7,600	7,600	7,400	7,200	6,800	6,700
Percentage of total aggregate income	44.1	45.2	44.4	39.7	37.2	33.7	31.7
CPP/QPP							
Percentage receiving income from source	34.8	41.7	54.2	64.4	74.0	80.5	85.8
Average income received	3,100	3,800	4,100	4,500	4,700	4,900	4,900
Percentage of total aggregate income	7.3	9.7	13.3	15.8	18.5	20.1	20.5

1. Other sources of income, such as provincial and territorial tax credits, GST and HST tax credits, and other government transfers are not included in the table. Percentage of total aggregate income figures do not total 100%.

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.4

Percent of persons in low-income, by age group, Canada, selected years

	1980	1984	1988	1992	1996	2000	2003
	percent						
Low income cut-off before tax (1992 base)							
Age 0 to 17	16.2	20.8	15.7	19.8	23.6	18.1	17.6
Age 18 to 64	13.3	16.2	13.1	17.1	19.5	15.8	15.5
Age 65 and over	34.1	30.0	25.8	21.5	20.6	16.6	15.1
Males, age 65 and over	26.4	22.3	16.6	13.2	13.0	10.3	10.2
Females, age 65 and over	40.0	35.8	32.6	27.7	26.3	21.5	19.1
Low income cut-off after tax (1992 base)							
Age 0 to 17	12.0	16.0	12.1	14.9	18.6	13.8	12.4
Age 18 to 64	10.1	12.5	10.0	13.2	15.7	12.9	12.1
Age 65 and over	21.3	16.2	13.0	9.8	9.8	7.6	6.8
Males, age 65 and over	14.5	10.3	6.8	5.1	5.6	4.6	4.4
Females, age 65 and over	26.7	20.7	17.5	13.4	13.0	10.0	8.7

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.5

Percent of seniors in low-income, by family type, Canada, selected years

	1980	1984	1988	1992	1996	2000	2003
	percent						
Low income cut-off before tax (1992 base)							
Married couples	20.1	15.9	12.8	8.3	7.8	4.9	5.3
Unattached individuals – Total	69.2	64.3	56.5	50.5	47.2	42.6	38.4
Unattached individuals – Men	61.0	55.6	39.4	36.0	35.7	34.0	31.7
Unattached individuals – Women	72.2	67.0	61.7	55.2	51.1	45.8	41.0
Low income cut-off after tax (1992 base)							
Married couples	5.9	4.7	3.9	1.7	2.0	1.2	1.7
Unattached individuals – Total	54.4	40.8	31.7	25.9	25.4	20.6	17.7
Unattached individuals – Men	47.0	32.6	18.7	16.9	19.8	17.6	14.7
Unattached individuals – Women	57.1	43.4	35.6	28.8	27.3	21.6	18.9

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.6
Percent of seniors in low income, by province, selected years

	LICO before tax				LICO after tax			
	1980	1986	1996	2003	1980	1986	1996	2003
					percent		percent	
Newfoundland - Total	32.0	28.3	14.5	13.8	21.8	11.6	2.5	2.1
Men	24.8	23.8	6.8	11.4	12.7	8.8	2.2	2.8
Women	38.4	32.2	20.8	15.8	29.8	14.1	2.8	1.5
Prince Edward Island - Total	50.3	22.0	21.9	16.3	34.2	8.5	6.2	4.5
Men	40.9	12.7	8.9	8.8	18.5	3.8	F	3.7
Women	58.1	29.4	31.8	22.3	47.3	12.2	10.8	5.1
Nova Scotia - Total	28.4	20.2	18.0	14.0	18.1	9.2	5.1	5.0
Men	22.3	13.7	8.6	10.5	11.3	5.0	1.9	4.4
Women	33.3	25.1	24.8	16.8	23.6	12.4	7.5	5.5
New Brunswick - Total	30.7	22.6	16.0	14.8	14.9	11.0	4.7	2.9
Men	22.2	16.7	6.0	9.6	10.1	5.3	3.1	2.5
Women	37.7	27.1	23.5	18.8	18.8	15.3	5.9	3.2
Quebec - Total	41.2	35.3	30.8	19.5	25.9	21.6	17.1	10.3
Men	32.6	26.7	20.9	10.8	18.9	13.7	9.0	4.3
Women	47.6	41.4	37.9	26.1	31.0	27.1	23.0	14.9
Ontario - Total	30.4	22.5	15.7	12.1	19.6	9.3	7.5	4.9
Men	22.5	16.7	9.2	8.6	13.0	6.3	4.1	3.7
Women	36.3	26.8	20.7	14.9	24.5	11.4	10.1	5.9
Manitoba - Total	33.2	27.4	24.9	18.5	22.1	12.4	11.3	8.0
Men	23.4	19.2	14.8	11.5	9.7	5.7	6.1	4.9
Women	41.2	33.6	32.4	23.9	32.1	17.5	15.2	10.4
Saskatchewan - Total	37.9	23.9	15.2	11.6	22.6	10.6	3.4	1.7
Men	25.0	14.0	8.6	8.1	10.7	5.8	2.5	1.3
Women	49.5	32.2	20.5	14.3	33.4	14.7	4.2	2.0
Alberta - Total	33.0	24.4	17.3	9.6	17.9	11.7	6.7	3.5
Men	27.0	14.9	11.8	7.0	13.0	5.7	4.7	2.4
Women	38.2	32.0	21.8	11.7	22.2	16.4	8.3	4.3
British Columbia - Total	32.5	28.6	20.5	19.6	20.8	15.6	9.8	10.3
Men	29.7	21.6	15.1	15.4	17.4	8.2	7.5	8.8
Women	34.8	34.1	24.9	23.2	23.5	21.3	11.6	11.6

F too unreliable to be published

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.7

Relative low-income rates¹ among seniors from late 1970s to the end of the 1990s in eight nations

	Late 1970s	Mid-1980s	Mid-1990s	Most recent
percent				
Canada	34.7	10.8	4.9	5.4
United States	27.3	23.5	20.6	24.7
United Kingdom	21.6	7.0	15.1	20.9
Germany	17.6	10.3	7.0	11.6
Netherlands	...	0.3	6.4	3.2
Belgium	...	10.9	12.1	11.7
Finland	...	11.9	5.6	8.5
Sweden	13.9	7.2	2.7	7.7

1. A relative measured based on a low-income cut-off defined as one-half of the median family income after tax in each country.

... not applicable

Sources: Luxembourg Income Study (LIS). Cited in Picot and Myles, 2005. Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.8

Percentage of persons in low income, by number of years in low-income, 1993 to 1998 and 1996 to 2001

	Low-income cut-offs before-tax		Low-income cut-offs after-tax	
	1993 to 1998	1996 to 2001	1993 to 1998	1996 to 2001
percent				
Age 65 and over				
0 yrs	69.4	71.3	84.5	86.3
1 yr	6.0	5.8	5.7	3.9
2 yrs	4.2	3.5	1.9	2.3
3 yrs	2.7	2.8	2.0	1.1
4 yrs	3.6	2.3	1.5	1.2
5 yrs	4.3	3.7	1.1	0.9
6 yrs	9.7	10.7	3.3	4.3
All age groups				
0 yrs	70.1	69.3	75.5	74.6
1 yr	8.7	8.4	7.9	8.6
2 yrs	5.1	5.7	4.8	5.4
3 yrs	3.6	4.2	3.3	3.4
4 yrs	3.1	3.2	2.7	2.4
5 yrs	3.2	3.2	2.3	2.2
6 yrs	6.3	5.9	3.6	3.4

Sources: Statistics Canada, Survey of Consumer Finances; Survey of Labour and Income Dynamics.

Table 2.2.9
Food insecurity, by age group, 2001

Age group	Estimated food-insecure population	
	in thousands	percent
12 to 17	428	18.0
18 to 24	537	19.0
25 to 44	1659	18.0
45 to 64	859	12.0
65 and over	256	7.0

Note: In cycle 1.1 of the Canadian Community Health Survey (2000/01), food insecurity was determined with three questions: "In the past 12 months, how often did you or anyone else in your household:

- not eat the quality or variety of foods that you wanted to eat because of a lack of money?"
- worry that there would not be enough to eat because of a lack of money?"
- not have enough food to eat because of a lack of money?"

For each question, the choices were: often, sometimes, or never. Respondents who replied "often" or "sometimes" to at least one question were considered to have experienced food insecurity. Those who replied "never" to all three questions did not experience food insecurity.

Source: Statistics Canada, Canadian Community Health Survey, 2001.

Table 2.2.10
Median wealth by selected characteristics, Canada, 1984 and 1999

	1984	1999	Percent change	
			constant 1999 dollars	1984-1999
Age of major income recipient				
Less than 25	3,100	200		-95.1
25 to 34	23,400	15,100		-35.5
35 to 44	73,500	60,000		-18.4
45 to 54	124,000	115,200		-7.1
55 to 64	129,100	154,100		19.4
65 and over	80,800	126,000		56.0
Family Type				
Unattached individuals – Elderly	41,400	70,000		69.2
Unattached individuals – Non-elderly	5,800	6,000		4.0
Elderly couples, no children	121,100	177,500		46.6
Non-elderly couples, no children	71,500	101,600		42.1
Non-elderly couples, children under age 18	77,900	77,800		-0.1

Sources: Statistics Canada, 1984 Assets and Debts Survey and 1999 Survey of Financial Security. Cited in Morissette, Zhang and Drolet, 2002.

Table 2.2.11

Housing tenure, by age of household primary maintainer, Canada, 1981, 1991 and 2001

	Rented	Owned - Total	Owned - With mortgage	Owned - Mortgage-free
percent				
2001				
Age 25 to 54	35.2	64.8	48.1	16.7
Age 55 to 64	22.8	77.2	30.2	47.0
Age 65 to 74	24.6	75.4	14.4	61.0
Age 75 to 84	31.6	68.4	7.3	61.1
Age 85 and over	42.2	57.8	4.6	53.2
1991				
Age 25 to 54	37.4	62.6	43.8	18.8
Age 55 to 64	24.2	75.8	21.9	53.9
Age 65 to 74	29.4	70.6	9.6	61.0
Age 75 to 84	40.0	60.0	4.3	55.7
Age 85 and over	47.9	52.1	3.1	48.9
1981				
Age 25 to 54	35.1	64.9	48.6	16.4
Age 55 to 64	26.4	73.6	25.9	47.7
Age 65 to 74	33.9	66.1	9.9	56.2
Age 75 to 84	42.5	57.5	4.2	53.3
Age 85 and over	45.0	55.0	2.3	52.6

Sources: Statistics Canada, Censuses of population.

Table 2.2.12
Income disbursement by age of reference person, Canada, 1982 and 2003

	Age 55 to 64		Age 65 to 74		Age 75 and over	
	1982	2003	1982	2003	1982	2003
percent						
Couples only						
Disbursement	100	100	100	100	100	100
Personal consumption	59	67	69	74	62	71
Income tax	17	22	10	16	9	11
Security	4	5	3	3	0	1
Gifts and contributions	4	3	5	3	7	6
Saving ¹	16	3	13	4	22	10
Unattached men						
Disbursement	100	100	100	100	100	100
Personal consumption	58	71	75	76	62	74
Income tax	18	22	9	15	9	16
Security	4	3	3	2	0	1
Gifts and contributions	4	6	5	6	5	7
Saving ¹	16	-1	8	2	23	2
Unattached women						
Disbursement	100	100	100	100	100	100
Personal consumption	76	82	74	84	75	78
Income tax	13	16	7	12	5	10
Security	3	4	1	1	0	0
Gifts and contributions	4	2	8	7	8	10
Saving ¹	4	-5	9	-4	11	1

1. Income less expenditures.

Sources: Statistics Canada, Family Expenditure Survey, 1982; Survey of Household Spending, 2003.

Table 2.2.13

Income disbursement by age of reference person, Canada, 1982 and 2003

	Age 55 to 64		Age 65 to 74		Age 75 and over	
	1982	2003	1982	2003	1982	2003
percent						
Couples only¹	100.0	100.0	100.0	100.0	100.0	100.0
Accommodation	22.5	22.9	24.2	23.7	27.7	28.1
Transportation	18.3	22.2	18.9	19.7	14.5	16.8
Food	21.4	15.0	22.4	18.2	25.3	19.6
Recreation	4.7	8.8	5.0	7.9	3.8	3.8
Household operation	6.0	5.9	6.0	6.2	6.1	7.1
Health	3.2	5.1	3.0	6.1	3.2	8.1
Clothing	6.8	5.5	6.5	4.9	6.7	4.1
Furnishings and equipment	5.1	4.7	5.0	4.3	5.3	4.1
Tobacco and alcohol	4.8	3.6	3.6	2.8	2.5	2.5
Personal care	2.3	1.7	2.4	2.0	2.5	2.2
Reading and printed material	0.9	0.7	0.8	0.8	0.9	0.9
Miscellaneous	3.9	3.8	2.2	3.4	1.5	2.7
Unattached men	100.0	100.0	100.0	100.0	100.0	100.0
Accommodation	24.6	31.4	30.0	28.6	33.0	33.9
Transportation	15.3	16.3	20.2	21.1	13.5	18.4
Food	21.5	14.6	21.1	17.0	25.5	16.5
Recreation	4.2	7.1	3.5	5.5	3.8	6.7
Household operation	5.1	6.8	5.2	5.6	6.3	6.8
Health	3.3	3.3	1.6	4.2	1.5	5.4
Clothing	5.3	4.0	4.1	2.9	3.1	1.7
Furnishings and equipment	4.3	4.1	1.8	2.4	1.7	3.3
Tobacco and alcohol	8.2	5.8	6.3	5.9	4.7	2.7
Personal care	1.5	1.1	1.3	1.2	1.2	0.9
Reading and printed material	1.0	0.8	1.0	0.9	0.9	0.9
Miscellaneous	5.7	4.6	3.9	4.7	4.7	2.7
Unattached women	100.0	100.0	100.0	100.0	100.0	100.0
Accommodation	31.1	33.3	35.5	35.4	41.0	39.2
Transportation	15.4	16.5	8.7	11.8	5.0	7.0
Food	19.4	14.9	23.6	16.9	23.3	17.8
Recreation	4.8	5.4	4.1	5.8	2.4	6.1
Household operation	7.0	6.9	7.5	7.7	8.6	8.9
Health	3.1	4.7	2.5	5.2	2.8	6.2
Clothing	6.3	5.1	6.3	5.0	5.7	4.0
Furnishings and equipment	3.4	4.1	3.9	3.9	3.4	3.3
Tobacco and alcohol	3.0	3.1	1.9	2.3	1.3	1.0
Personal care	2.6	2.3	2.6	2.5	2.9	2.5
Reading and printed material	0.9	0.9	1.0	1.0	0.9	0.9
Miscellaneous	3.2	2.8	2.5	2.4	2.7	3.0

1. Includes couples with no children or other relatives.

Sources: Statistics Canada, Family Expenditure Survey, 1982; Survey of Household Spending, 2003.

Table 2.2.14

Recent retirees¹: Current financial position compared to the year prior to retirement, by selected characteristics, Canada, 2002

	Worse	Same	Better	Total
percent				
Total	33.5	53.8	12.7	100.0
Men	31.7	54.6	13.7	100.0
Women	35.5	52.9	11.6	100.0
Nature of retirement				
Voluntary	27.4	58.8	13.8	100.0
Involuntary	49.6	40.6	9.8	100.0
Health at retirement				
Excellent	26.7	58.3	15.0	100.0
Very good	28.8	58.4	12.8	100.0
Good	33.8	55.0	11.2	100.0
Fair/Poor	48.8	40.4	10.7	100.0
Current household income				
Less than \$20K	44.0	44.6	11.5	100.0
\$20 to 29K	36.0	54.1	9.9	100.0
\$30 to 39K	35.9	51.3	12.8	100.0
\$40 to 59K	31.2	57.0	11.9	100.0
\$60K and more	25.2	57.2	17.6	100.0
Missing	33.5	55.1	11.4	100.0
Immigration status				
Canadian-born	30.0	56.0	14.0	100.0
Immigrant	44.5	46.8	8.6	100.0

1. Recent retirees are individuals who retired during the years 1992 to 2002 inclusive and who were 50 years of age or older when they first retired. Respondents were asked: "Compared to the year before your retired, would you say that you are now better off financially, worse off, or about the same"?

Source: Statistics Canada, General Social Survey, 2002.

Table 2.3.1

Number and proportion of senior victims of violent crime¹ by sex and relationship of accused to victim, reported to a subset of police departments, 2003

Relationship of victim to accused	Total		Females		Males	
	Number	Percent	Number	Percent	Number	Percent
Total violence against seniors	3,978	100.0	1,830	100.0	2,148	100.0
Total family	1,141	29.0	714	39.0	427	20.0
Adult child	380	10.0	237	13.0	143	7.0
Current spouse ²	326	8.0	240	13.0	86	4.0
Sibling	151	4.0	94	5.0	57	3.0
Extended family ³	149	4.0	76	4.0	73	3.0
Ex-spouse	46	1.0	22	1.0	24	1.0
Parent	89	2.0	45	2.0	44	2.0
Total non-family	2,504	63.0	987	54.0	1,517	71.0
Stranger	1,334	34.0	563	31.0	771	36.0
Casual acquaintance	763	19.0	283	15.0	480	22.0
Other non-family	407	10.0	141	8.0	266	13.0
Unknown⁴	333	8.0	129	7.0	204	9.0

1. Violent crime includes violations causing death, attempting the commission of a capital crime, sexual assaults, assaults, violations resulting in the deprivation of freedom, and other violations involving violence or the threat of violence.

2. Current spouse includes legally married and common-law partners. Siblings includes natural, step, half, foster or adopted brother or sister.

3. Extended family includes all others related to the victim either by blood or by marriage.

4. Unknown includes cases where the relationship between the victim and the accused is unknown.

Note: Data are not nationally representative. Based on data from 122 police departments representing 61% of the national volume of crime in 2003.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Incidence-based Uniform Crime Reporting (UCR2) Survey. Table 6.1 in Family Violence in Canada: A Statistical Profile, Catalogue no. 85-224.

Table 2.3.2

Number and proportion of senior victims of violent crime by crime type and family, non-family relationship to accused, reported to a subset of police departments, 2003

	Total ¹		Offences committed by family		Offences committed by non-family	
	Number	Percent	Number	Percent	Number	Percent
Total violent offences	3,645	100	1,141	100	2,504	100
Common assault	1,442	40	628	55	814	33
Robbery	703	19	11	1	692	28
Uttering threats	655	18	221	19	434	17
Major assault	454	12	180	16	274	11
Criminal harassment	176	5	49	4	127	5
Sexual assault	77	2	6	1	71	3
Other violent offences	138	4	46	4	92	4

1. Excludes offences where the relationship between the victim and the accused is unknown.

Note: Data are not nationally representative. Based on data from 122 police departments representing 61% of the national volume of crime in 2003.

Source: Statistics Canada, Canadian Centre for Justice Statistics, Incidence-based Uniform Crime Reporting (UCR2) Survey. Table 6.2 in Family Violence in Canada: A Statistical Profile, Catalogue no. 85-224.

Table 2.3.3

Percent of the population who were the victim of at least one crime in the previous year, by sex and age group, 1998 and 2004

	Total		Females		Males	
	1998	2004	1998	2004	1998	2004
	percent					
Total	25.9	28.1	24.6	26.8	27.3	29.5
Age 15 to 24	40.2	42.5	37.2	40.5	43.0	44.5
Age 25 to 34	34.1	35.4	33.4	33.6	34.9	37.2
Age 35 to 44	27.5	31.5	27.0	31.3	28.0	31.7
Age 45 to 54	23.4	26.2	23.5	25.9	23.2	26.5
Age 55 to 64	15.6	18.9	14.7	19.0	16.4	18.7
Age 65 and over	8.0	9.8	7.4	8.5	8.7	11.6

Sources: Statistics Canada, General Social Surveys, 1998 and 2004.

Table 2.3.4

Perceptions of local police, by age group, 2004

	Total	Age			
		15 to 24	25 to 44	45 to 64	Age 65 and over
Percent who say local police are doing a good job...¹					
Enforcing the laws	59	54	56	62	66
Responding promptly to calls	52	48	48	54	59
Being approachable	65	56	63	70	70
Supplying information on reducing crime	50	41	47	56	59
Ensuring the safety of citizens	61	61	57	63	68
Treating people fairly	59	51	57	62	66

1. Only the percentage who perceive justice agencies as doing a good job is shown.

Source: Statistics Canada, 2005, General Social Survey on Victimization, Cycle 18: An Overview of Findings, Catalogue no. 85-565-XWE2005001.

Endnotes

- 1 Health-adjusted life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. Health-adjusted life expectancy is the number of years in perfect health that an individual can expect to live given the current morbidity and mortality conditions. Health-adjusted life expectancy uses the Health Utility Index (HUI) to weight years lived in good health higher than years lived in poor health.
- 2 A study has shown that when physical status, socio-economic variables, health behaviours and psycho-social characteristics were taken into account in a multivariate statistical model, the negative relationship between age and self-perceived health largely disappeared. (See: Shields and Shoostari, 2001).
- 3 Statistics Canada. 2005. Labour Force Survey.
- 4 Health Canada Website, April 2006: http://www.hc-sc.gc.ca/fn-an/nutrition/index_e.html.
- 5 Overweight and obesity are based on body mass index (BMI), which is a measure of an individual's weight in relation to his or her height. BMI is calculated as follows: $BMI = \text{weight(kg)} / \text{height (metres)}^2$. A body mass index (BMI) of 30 or more indicates that a person is obese.
- 6 The Survey of Household Spending does not collect information on the cost of treatment provided by doctors or hospitals under provincial health insurance schemes. Instead, it asks about expenses such as government or private insurance health premiums, prescription drugs, dental and eye care, and services provided by other medical professionals.
- 7 A framework prepared by the Committee of Officials for Federal/Provincial/Territorial Ministers Responsible for Seniors. Planning for Canada's Aging Population, 2005.
- 8 Married couples in which the major income earner is 65 years or older. For data prior to 1996, the head of family is 65 years or older. Throughout this section, senior married couples are those in which children or other relatives are not present.
- 9 These figures refer to the average income before tax received by income recipients. Cansim Table 202-0407.
- 10 Income gains were negligible among youth over this period. Between 1980 and 2003, the average income of female income recipients aged 25 to 34 increased by 4% while the average incomes of female income recipients aged 35 to 44 increased by 33%.
- 11 Cansim Table 111-0035.
- 12 Investment income includes dividend income reported on line 120 of the tax return, and/or interest and other investment income reported on line 121 of the tax return. Dividend income consists of dividends from taxable Canadian corporations (as stocks or mutual funds). Interest and other investment income includes interest from Canada Savings bonds, bank accounts, treasury bills, investment certificates, term deposits, earnings on life insurance policies, and foreign interest and dividend income.
- 13 The trend-setting rate set by the Bank of Canada was 13.96% in 1982 compared with 3.19% in 2003. The bank rate affects not only the rate households pay on personal loans, mortgages and other loans, but also what they receive as return on their savings and investments.
- 14 1991 and 2001 figures excludes band housing. In 1981, information was not available to separately identify band housing.
- 15 Recent retirees are defined as individuals who retired during the years 1992 to 2002 inclusive and who were 50 years of age or older when they first retired.

-
- 16 The Homicide Survey collects police-reported data on the characteristics of all homicide incidents, victims and accused persons in Canada. The Homicide Survey began collecting information on all murders in 1961 and later added data collection on all manslaughters and infanticides in 1974. When a homicide becomes known to police, the investigating officer completes a Homicide Survey and forwards this information to the Canadian Centre for Justice Statistics. The Homicide Survey represents a complete count of the number of homicides known and reported by police services in Canada.
 - 17 In the remaining 8% of cases the relationship between the victim and the accused was unknown.
 - 18 For example, when individuals do not report incidents to the police, those incidents will not be reflected in police-report based incidence figures. For further discussion of these reasons, see Statistics Canada, *An overview of the differences between police-reported and victim-reported crime, 1997*. Cat. no. 85-542-XIE.
 - 19 It should be noted that while residents of institutions are also at risk of being victim of a crime, they are not included in the calculation of these victimization rates.
 - 20 If 100 people out of a total population of 1,000 people were the victim of at least one crime, the percent who were victims would be 1%. If each of those victims had experienced 3 crimes, the victimization rate would be 300 per 1,000, while the percent who were victims would still be 1%.

As the first wave of baby boomers turns 65 (a generation in which more people lived common-law), the proportion of seniors in common-law unions might increase slightly. In 2004, 6% of all 55- to 64-year-olds were involved in a common-law union.

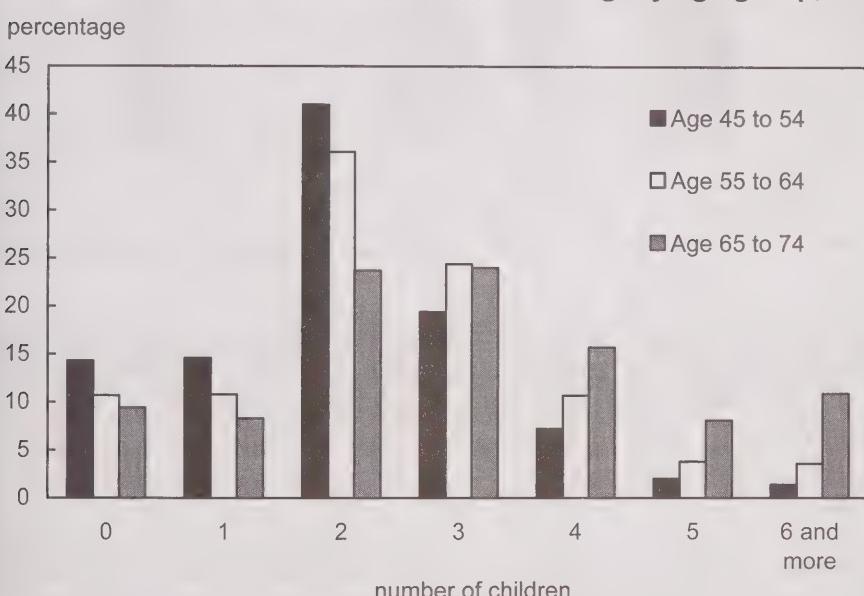
Reflecting the patterns observed in all age groups, seniors living in Québec and in the territories are more likely to live common-law than those in other provinces (Table 4.1.4). In 2001, among seniors in a union, the proportion of those living common-law was twice as great in Québec than in all other provinces except British Columbia. For instance, 2.5% of Alberta and Ontario seniors in a union were living common-law. In contrast, this was the case for 5.4% of those living in Québec. The proportions were even higher in the Yukon (7.7%) and the Northwest Territories (13.3%).

Fertility history and children still living

The next generations of seniors, that is, the baby boomers, have had significantly fewer children than previous generations (Chart 4.1.3). In 2002, more than a third of seniors aged 65 to 74 (35%) had had 4 or more children (still living), compared to only 11% of younger adults aged 45 to 54.

Chart 4.1.3

Number of children ever raised and still living, by age group, 2002



Source: Statistics Canada, General Social Survey, 2002.

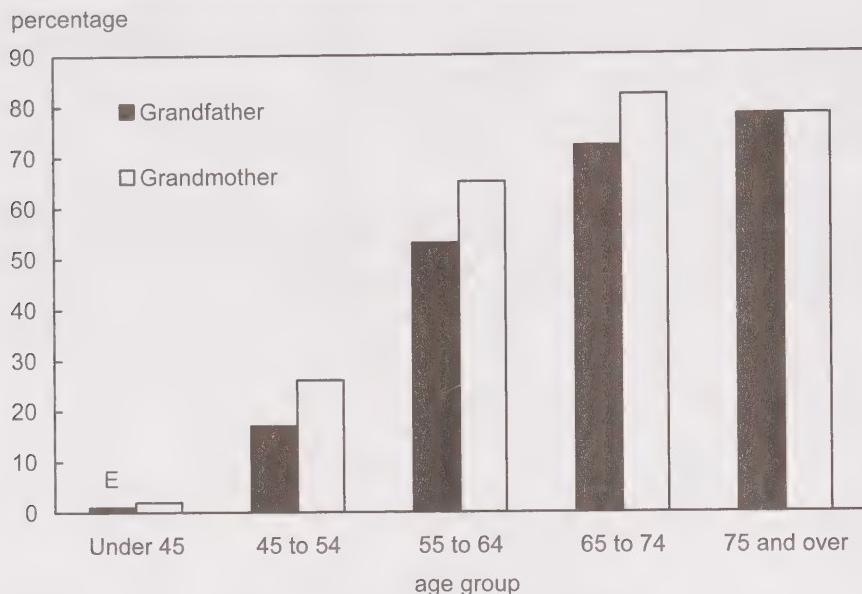
As will be illustrated in section 4.3, children are important providers of care and support to seniors. The generational differences in the number of children in the family could have consequences for the next generation of seniors, who might have to rely on sources other than children to get support they need in later life.

Grandparents

There were an estimated 5.7 million grandparents in Canada in 2001. Not surprisingly, the likelihood of being a grandparent increases with age. In 2001, nearly 4 in 5 people aged 75 and over were

grandparents compared with less than 2 in 3 of those aged 55 to 64 (Chart 4.1.4). Over two-thirds (68%) of grandparents were married, their average age was about 65 and, on average, each had 4.7 grandchildren.

Chart 4.1.4
Percentage who are grandparents, by age group and sex, 2001



^E Use with caution

Source: Statistics Canada, 2001 Census of Canada.

Most grandparents live in separate households from their grandchildren. However, according to the 2001 General Social Survey, nearly 4% of Canadians, or about 930,000 people, lived in multigenerational households; that is, households with at least three generations including grandparents, parents, and grandchildren.

Living arrangement and well-being

Although there are many factors associated with happiness it was found that compared to seniors living with a spouse or with other persons, those living alone are less likely to describe themselves as very happy (Chart 4.1.5). In 2003, more than half of seniors aged between 65 and 74 and living with their spouse described themselves as very happy (53%), compared to 39% of those living alone, and 37% of seniors in other types of living arrangements.

4.2 Social networks and social isolation

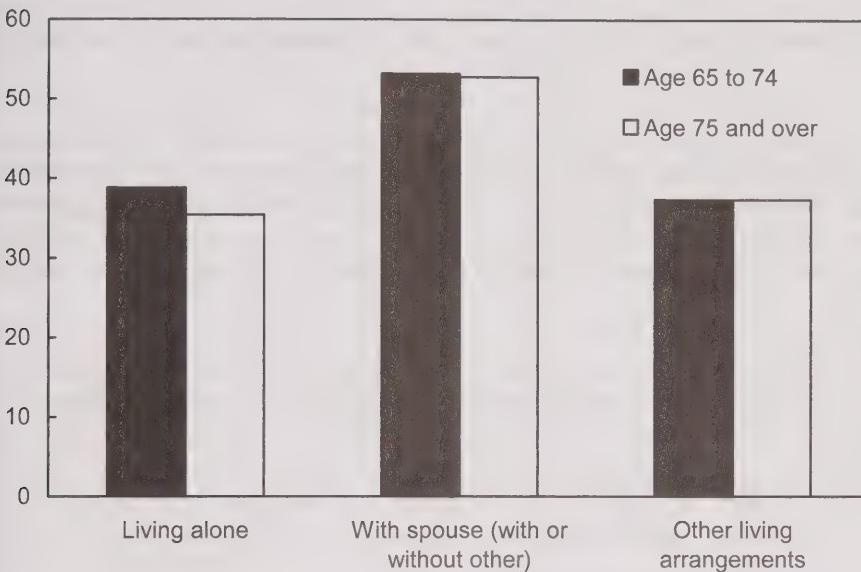
Seniors' living arrangements are associated with their financial well-being and, potentially, with their degree of access to social support. Social relationships existing outside households can also have a potential influence on general well-being and access to social support. For example, many seniors live alone but have at the same time a large network of relatives, friends and neighbours on which they can count. In contrast, some seniors are married but are somewhat isolated from other meaningful or

supportive social relationships. When measuring the level of access to social support or the risk of social isolation, information on social networks is a valuable supplement to information on living arrangements.

Chart 4.1.5

Percentage of seniors who describe themselves as very happy, by living arrangement and age group, 2003

percentage



Source: Statistics Canada, General Social Survey, 2002.

This section is about the social connectedness or interactions of seniors with persons who do not live with them, that is, with friends, relatives, neighbours and other people they know. Can seniors rely on as many close friends, family members and neighbours to socialize with as their younger counterparts? Do the majority of seniors have someone they can tell what is on their minds or in their hearts? How different or similar are seniors' social networks compared to those of individuals in other age groups?

Close friends and other friends

Close friends are often considered the best people with whom to share personal experiences, opinions and feelings, or just to spend some time. Apart from spouses, they often are the main source of *emotional* support for individuals. "Other" friends are also important for individuals. While they might not be the most suitable friends to provide emotional support, they may be a source of companionship or access to various types of information.

In 2003, participants of the General Social Survey were asked: *How many close friends do you have, that is, people who are not your relatives, but who you feel at ease with, can talk about what is on your mind, or call for help?* They were also asked how many other friends they had.

While it is not clear what are the implications of having six versus four close friends, reporting having no close friends at all can be an indication of social isolation. Some 5% of individuals aged 25 to 54 said

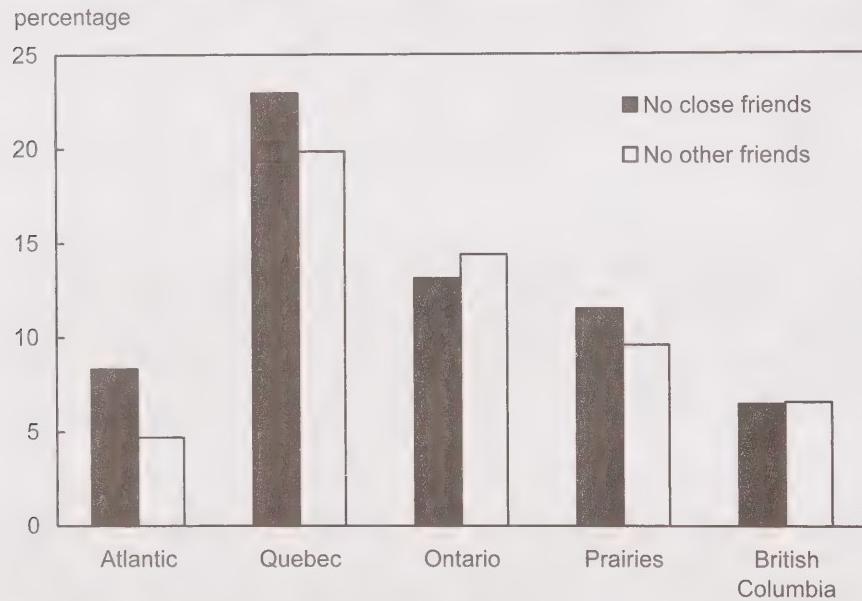
they did not have any friends they felt close to, compared to 14% of seniors (Table 4.2.1). Older seniors aged 75 and over were particularly likely to report having no close friends (18%).

A similar pattern was evident in the prevalence of having no “other” friends. Specifically, the share of seniors aged 75 and over who said they did not have any other friends was again much greater (19%) than that of 25- to 54-year-olds (5%). The proportion of seniors aged 65 to 74 was more moderate (9%).

Few individuals reported having no friends, close or otherwise, although it was more common for seniors. Among seniors aged 65 and over almost 10 persons out of 100 reported that they did not have any close friends or other friends. In contrast, only one out of every 100 individuals in the 25 to 54 age group reported so.

The share of seniors reporting they had no close friends or no other friends was higher in certain regions than in others (Chart 4.2.1). Seniors in Québec were especially likely to report having no close friends (23%). This was almost four times greater than the proportion observed in British Columbia where 6% of seniors reported having no close friends. Seniors in Québec were not only more likely to report having no close friends; they were also most likely to report having no “other” friends.

Chart 4.2.1
Percentage of seniors with no close friends or no other friends, by region of residence, 2003



Source: Statistics Canada, General Social Survey, 2003.

Occasions to make friends

Typically, close friendships or “other” friendships develop in school, postsecondary institutions, and workplaces. Close social ties may also be created or reinforced when individuals form a family. At these various stages of life (school years, transition to the labour market, and formation of a family), friends can be lost but occasions to make new ones are generally somewhat frequent for younger persons.

There are some indications that this might be less often the case for seniors. In the 2003 General Social Survey, respondents were also asked: *In the last month, how many new people did you meet outside work or school, that is people you hadn't met before and who you intend to stay in contact with?* The majority of people in all age groups said they had not met any new people in the previous month (Table 4.2.1). However, seniors were proportionally more likely to say that they had not met anyone new (75% said so compared to 62% in the 25 to 54 age range).

And among seniors aged 75 and over, slightly more than four out of five people said that they had not met any new people in the last month (82%).

While this difference between age groups might help to explain, at least in part, why seniors are more likely to report that they don't have any friends, other reasons are also possible. For example, it could be that seniors are more likely to lose the friends they previously had (through death, migration, and so on). Alternatively, it could be that, during their lives, members of the current generation of seniors attributed relatively less importance to friendships and more to family relationships – especially since family size was often larger when these seniors were raising children.

Presence of close friends and other friends, health and happiness

Why should the presence or absence of friends matter? Many studies have highlighted the strong correlation between positive social relationships and mental and physical health (Berkman, Glass and Brissette, 2000).² A lack of social relationships has also been identified as a risk factor for the development of health problems(Kawachi, Colditz and Ascherio, 1996).³ Additionally, a recent qualitative study conducted with seniors and professionals involved in planning or providing services to older adults reported that "loneliness, isolation, and the loss of loved one were spontaneously identified as major elements having a detrimental effect on the quality of life" (Richard, Laforest, Dufresne and Sapinski., 2005).⁴

Consistent with these studies, it appears that seniors who report that they do not have any close friends or other friends are less likely to be in excellent or very good health (Chart 4.2.2). Also, those who reported that they had no close friend or no other friend are significantly less likely to describe themselves as very happy (Chart 4.2.3). It should be noted, however, that seniors in poor health (whether physical or mental) might have more difficulty sustaining social relationships, and that health status can be a factor affecting the likelihood of reporting having no close friends or no other friends.

Social relationships with relatives

For some persons, the people to whom they feel the closest are not necessarily "friends" but relatives living outside their household. General Social Survey respondents were also asked, in 2003, about the number of relatives to whom they felt close, that is, those to whom they feel at ease with, can talk to about what is on their mind, or call for help.

Compared to differences in reporting no close friends or no other friends, differences between seniors and younger persons in reporting no close ties with relatives were modest. About 8% of seniors said that they did not have any relative they felt close to, only slightly higher than the 6% of 25- to 54-year-olds who said so. Seniors aged 75 and over were similar to those aged between 65 and 74 in the extent to which they reported having no close relative.

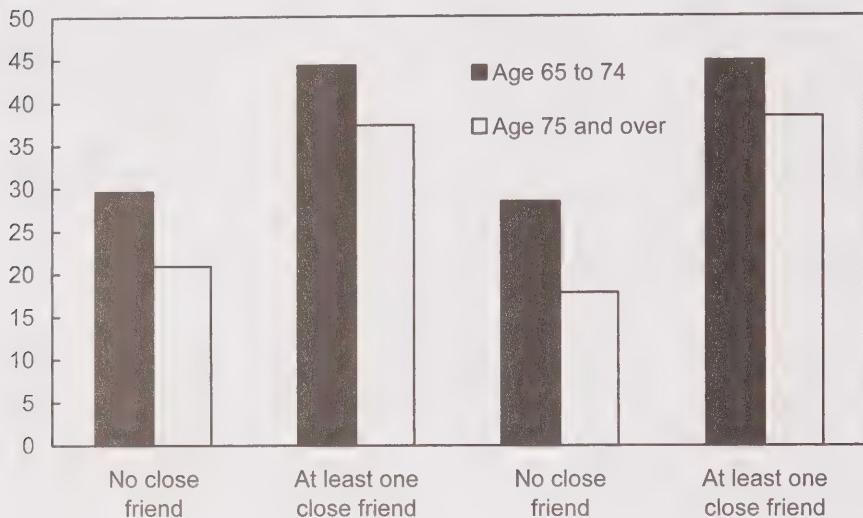
Noticeably, seniors who said they did not feel close to any relative living outside their household were not, for the majority, the same as those who said they did not have any close friend. In 2003, only 2% of all seniors said that they had no close friend *and* no relatives they felt close to. Put differently, about

98% of seniors said that they had at least one person to whom they felt close to. Seniors who lived alone were as likely as those living with a spouse or other persons to report having no close friends or relative (2%).

Chart 4.2.2

Percentage of seniors reporting very good or excellent health, by age group and presence of close/other friends, 2003

percentage



Source: Statistics Canada, General Social Survey, 2003.

Data from Statistics Canada's most recent General Social Survey on time use (2005) allows us to get a better understanding on seniors' relationships with their relatives and their family members. In that survey, respondents were asked: *People you feel very close to might include those you discuss important matters with, regularly keep in touch with, or are there for you when you need help. Thinking of all the people who fit this description and who do not live with you how many are 1) members of your immediate family? (parents, siblings, adult children or in-laws) 2) other relatives that you are very close to?*

Reflecting the fact that many seniors had lived in larger families (but also the fact that younger persons are more likely to still live with their children), a somewhat higher proportion of seniors reported that they had six or more immediate family members who were not living with them but to whom they felt were "very close". Specifically, 29% of seniors aged between 65 and 74 and 30% of those aged 75 and over reported that they had six or more such immediate family members. In contrast, this was the case for about 22% of 25- to 54-year-olds.

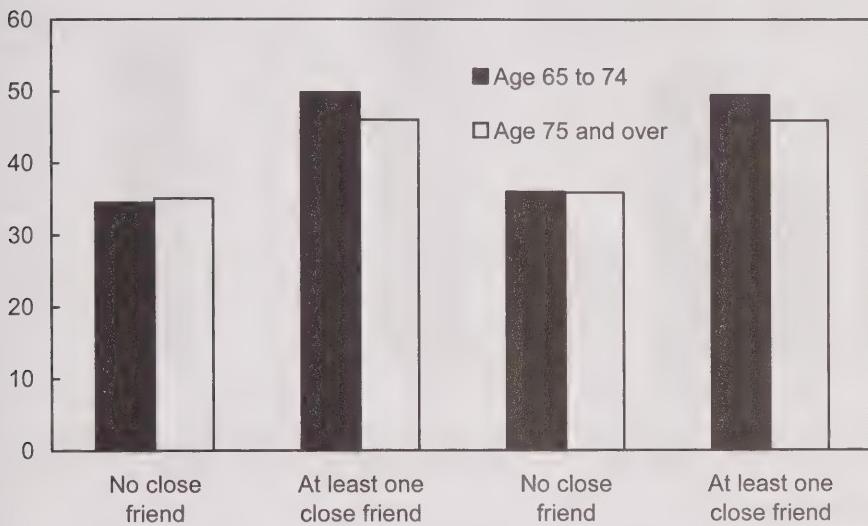
On the other hand, seniors were more likely to report that they did not feel close to any of their "other relatives" than their younger counterparts (Chart 4.2.4). In 2005, about 52% of seniors aged 75 and over said they had no "other relative" they felt close to, compared to 41% of individuals in the 25 to 54 age group. The fact that some members of seniors' extended families may have died might explain in part the difference between generations. In sum, seniors are less likely to be isolated from their

immediate family, but are more likely to report that they don't have any close relationships in their extended family.

Chart 4.2.3

Percentage of seniors who describe themselves as very happy, by age group and presence of close/other friends, 2003

percentage



Source: Statistics Canada, General Social Survey, 2003.

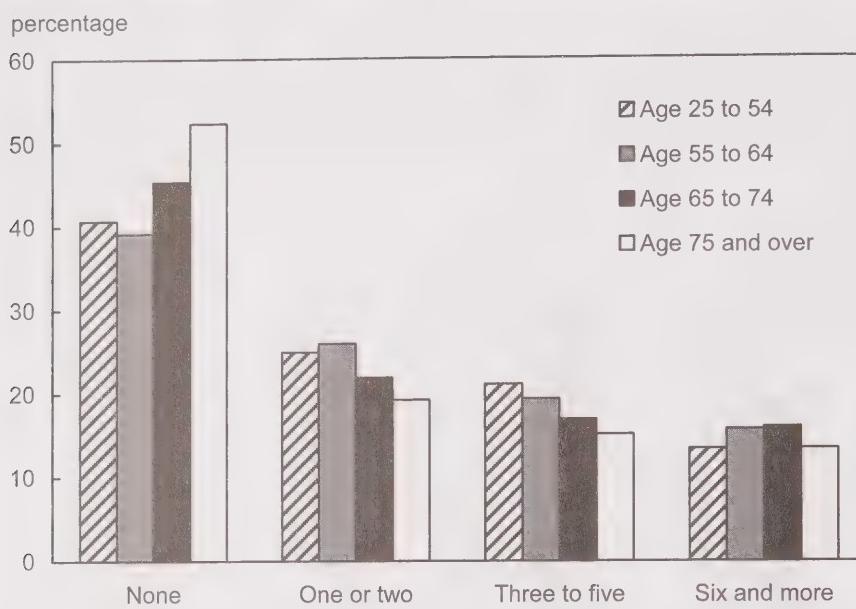
Frequency of seeing and talking to relatives

Seniors, particularly those aged 75 and over, are slightly more likely than their younger counterparts to see their relatives frequently. In 2003, about 45% of seniors aged 75 and over said that they had seen their relatives at least a few times a week in the last month, compared to 38% of those in the 25 to 54 age group (Chart 4.2.5).

Older seniors were also slightly more likely to talk regularly with relatives by telephone than individuals aged 25 to 54. Almost a quarter of individuals aged 75 and over said that they had talked to a relative on the phone at least once a week in the past month in 2003. This was the case for 18% of 25- to 54-year-olds.

A number of factors were associated with the frequency with which seniors saw their relatives. For example, seniors who were widowed were significantly more likely to see their relatives weekly than those who were divorced, separated or single (Chart 4.2.6). Similarly, seniors living in more rural areas were more likely than those living in large urban areas to see their relatives at least once a week (Chart 4.2.7). Unfortunately, it is impossible to know whether seniors were satisfied with the frequency with which they visited or talked to their relatives.

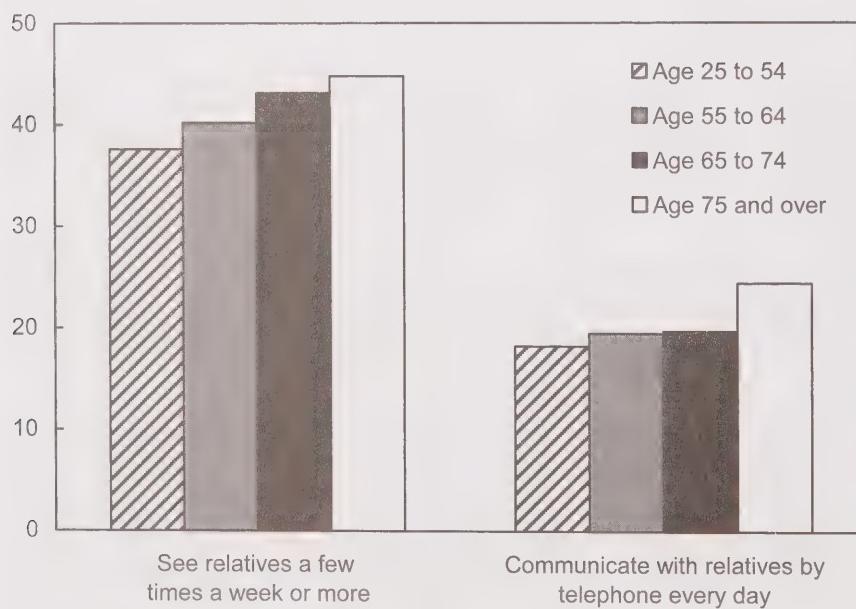
Chart 4.2.4
Number of other relatives which are considered as very close¹, by age group, 2005



1. Respondents were asked: People you feel very close to might include those you discuss important matter with, regularly keep in touch with, or are there for you when you need help. Thinking of all the people who fit this description and who do not live with you, how many are other relative that you are very close to?

Source: Statistics Canada, General Social Survey, 2005.

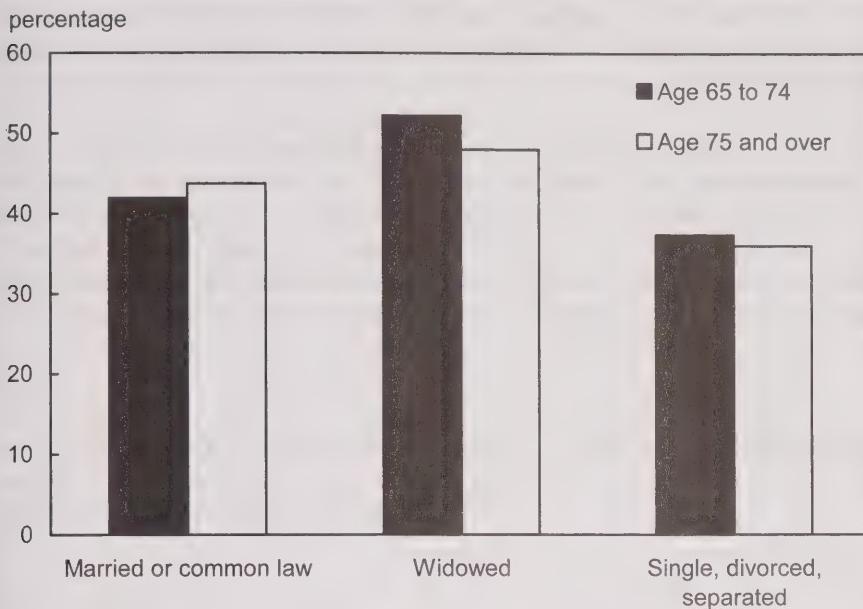
Chart 4.2.5
Frequency of contact with relatives, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

Chart 4.2.6

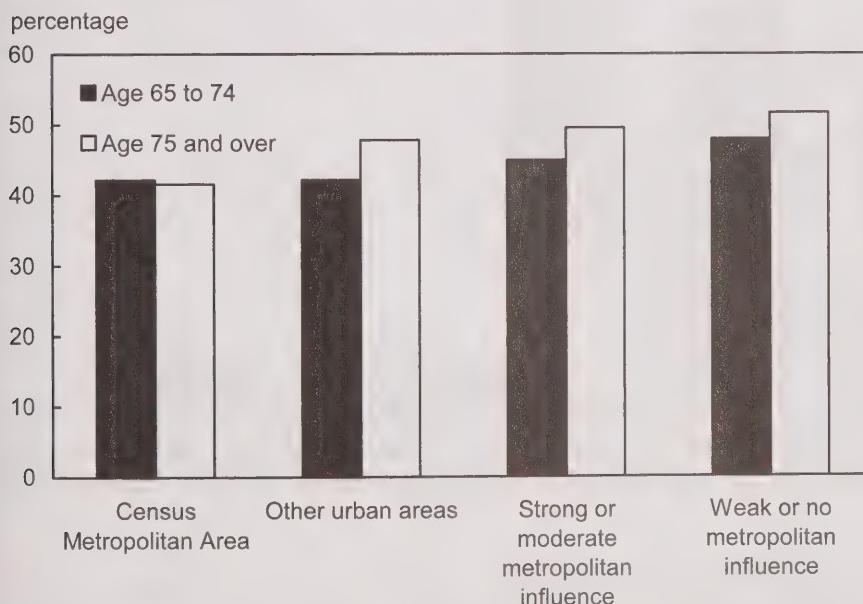
Percentage of seniors who see their relatives once a week or more often, by marital status and age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

Chart 4.2.7

Percentage of seniors who see their relatives once a week or more, by place of residence and age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

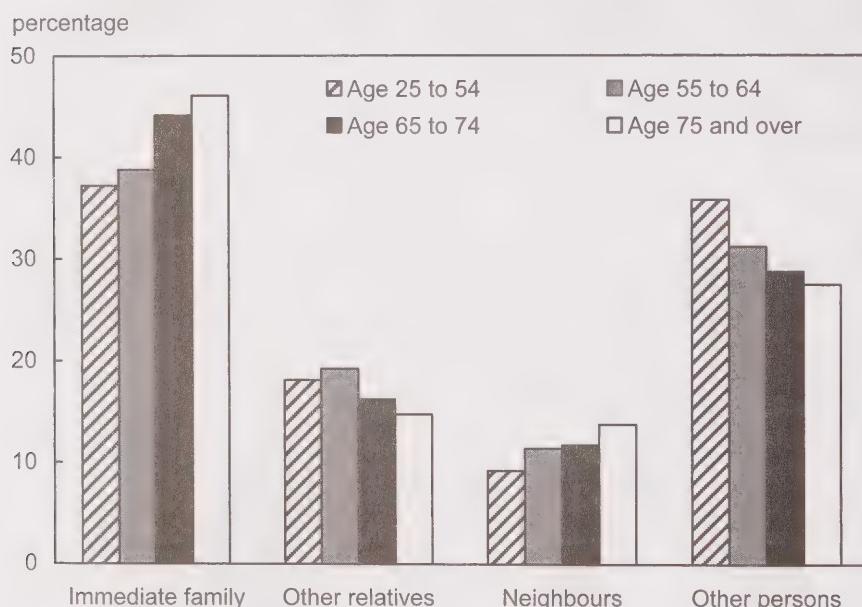
Members of seniors' social networks of close ties

For those who reported that they had at least one person they felt close to, it was possible to detail in more depth the composition of their social networks. Apart from members of their immediate family and relatives, respondents to the survey were also asked how many of the people they felt close to were actually neighbours and other people.⁵

Immediate family members represented a larger share of seniors' social networks than of younger persons' networks. Specifically, immediate family members (parents, siblings, adult children or in-laws) represented 46% of all ties in the social networks of seniors aged 75 and over (Chart 4.2.8). This means that for a "typical" senior reporting that he or she had, for example, 15 persons she felt very close to, about seven of them would be immediate family members. In contrast, immediate family members represented 38% of all relationships in 25- to 54-year-olds social networks of close ties.

Chart 4.2.8

Share of social networks composed of immediate family, relatives, neighbours and other persons, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

On the other hand, "other persons" (that is non-relatives, non-immediate family members and non-neighbours) generally represented a smaller share of seniors' social network of close ties. This is not surprising, given the fact that seniors are more likely to report that they have no close friends or no other friends.

Finally, neighbours represented a larger share of seniors' social networks than of younger persons' networks. In 2005, neighbours represented, on average, 14% of all close ties in the social networks of seniors aged 75 and over, compared to 9% of the networks of 25- to 54-year-olds. This might reflect the fact that seniors are more likely to have stayed for a longer period of time in their neighbourhood.

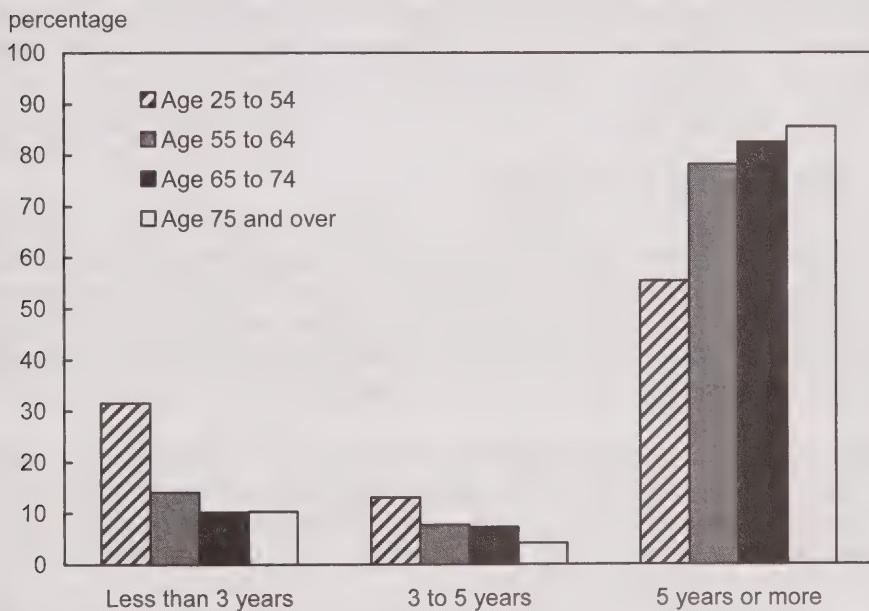
Relationships with neighbours

For most people, neighbours are not the persons with whom they have the closest ties. (If some of them are close, they usually represent only a small proportion of all the respondent's close ties.) Neighbours are not the first people they think of when they want to confide to someone about personal matters, or ask for help which demands a significant level of involvement. However, neighbours are often providers and recipients of frequent and various exchanges of favours. For small services and day to day type of exchanges (e.g. borrowing a cup of flour, watering plants while on holiday), neighbours often are the best and most accessible source of help. Naturally, the minimum condition for these exchanges to occur is that neighbours know each other.

Seniors are slightly more likely to know their neighbours than individuals age 25 to 54. Some 51% of seniors aged between 65 and 74, and 48% of those aged 75 and over, reported that they knew many or most of their neighbours, compared to 41% of those in the 25 to 54 age group.

This difference can be explained almost entirely by the fact that seniors have lived in their neighbourhood for a longer period of time. In 2003, about 86% of seniors aged 75 and over living in private dwellings had been in the neighbourhood for five years or more. This was the case for only 55% of 25- to 54-year-olds (Chart 4.2.9).

Chart 4.2.9
Length of residence in the neighbourhood, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

When individuals who have resided in a neighbourhood for a longer period of time are distinguished from those who are more recent residents, the difference between seniors and their younger counterparts almost disappears. For instance, among seniors aged 75 and over living in private dwelling who had been settled in their neighbourhood for less than five years, about 26% reported that they knew most of their neighbours, compared to 24% of 25- to 54-year-olds. And among individuals who had been established for five years or more, 55% of 25- to 54-year-olds said that they knew many

or most of their neighbours, a percentage that was not statistically different from the proportions for seniors.

In sum, seniors are more likely to have a greater share of neighbours in their social networks of close ties. However, they are only slightly more likely to know many or most of their neighbours than their younger counterparts. This difference is due in large part to the fact that seniors have lived, on average, for a longer period of time in their communities.

The social networks of seniors living alone

Seniors living alone can be at a particular risk of social isolation if there are few people in their life to whom they feel close or with whom they can talk and socialize. According to the 2003 General Social Survey data, seniors living alone were only slightly more likely than seniors living with their spouse to report that they did not have any other friends (Table 4.2.2). About 16% of seniors living alone reported that they did not have any other friends, compared to 11% of seniors living with their spouse. Seniors living alone were also more likely than married seniors to report that, in the previous month, they had not met any new people with whom they expected to stay in contact with. However, they were no more likely to report having no close friends, nor they were more likely to report they did not have any relative they felt close to in their life.

In fact, seniors living alone had more frequent contacts with their relatives than those who lived with their spouse and those in other living arrangements. Some 48% of seniors living alone said that they saw their relatives (excluding those living with them) every week, compared to 42% of seniors living with their spouse. Also, 28% of seniors living alone were talking to their relatives every day, compared to 19% of seniors living with their spouse. On the other hand, seniors living alone are slightly less likely to know most or all of their neighbours.

4.3 Providing and receiving help and care

In the first two sections of this Chapter, a description of seniors' living arrangements and social networks was made. In the present one, we examine how seniors mobilize the persons in their social networks to get access to various resources, or, more generally, how different persons or formal organizations intervene in seniors' life to help and support them. We also examine the helping behaviours of seniors, including giving to charitable or nonprofit organizations.

The first part of this section compares seniors to younger adults in the extent to which they help, and are helped by, members of their social networks who are not living with them. It is closely related in its content to Section 4.2 on social networks, and it excludes help received by formal sources such as paid employees, governments or non-governmental organizations.

The second part of the section is limited to persons who received help because of a long term health problem or physical condition. The analysis is extended to include help and care provided by all sources, that is, formal help provided by organizations or public sector employees as well as informal help provided by both co-residents and social networks. Given the nature of the data used, the second part of the section will focus principally on seniors aged 65 and over.

Part 1: Exchange of help among people who are not living together

Help received from members of social networks

There are plenty of occasions in day to day life when assistance from relatives, neighbours or friends is invaluable – when one's spouse is not available to help, for tasks involving a large amount of physical effort, and so on. Members of social networks can be very helpful in these situations, especially for those who live alone.

As illustrated previously, seniors are more likely than individuals in younger age groups to report that they don't have any close friends or other friends. At the same time, seniors are slightly more likely to say that they know many or most of their neighbours, and are also more likely to have many immediate family members they feel close to. What are the implications of these differences, if any, for the patterns of exchange through social networks? Are seniors more or less likely to be helped by members of their social networks? What type of help are seniors more likely to receive from people who do not live with them?

In 2003, respondents to the General Social Survey were asked if, in the previous month, anyone had helped them with various tasks.⁶ Respondents were asked to exclude help received from someone living with them, as well as help obtained through an organization.

Seniors were less likely than younger individuals to report receiving less tangible forms of help involving such things as advice or an ear to listen to them. About 11% of seniors reported that someone helped them by teaching them, coaching or giving them practical advice, compared to 30% of 25- to 54-year-olds (Table 4.3.1). Similarly the share of seniors who said that someone gave them emotional support (28%) was significantly lower than the share of individuals in the 25 to 54 age group (43%). These differences might reflect more difficulty in accessing this type of help, more barriers in asking for it or, alternatively, less need for it.

Seniors aged 75 and over were just as likely as non-seniors to receive help with domestic work, home maintenance or outdoor work from a person who was not living with them. However, 25- to 54-year-olds were *more* likely to have received that type of help in the past month (24%) than seniors aged between 65 and 74 (20%) (Table 4.3.1). This does not mean that younger seniors do not need help; however, it might imply that they are less likely than younger adults to rely on persons not living with them to help them with various home-related tasks.

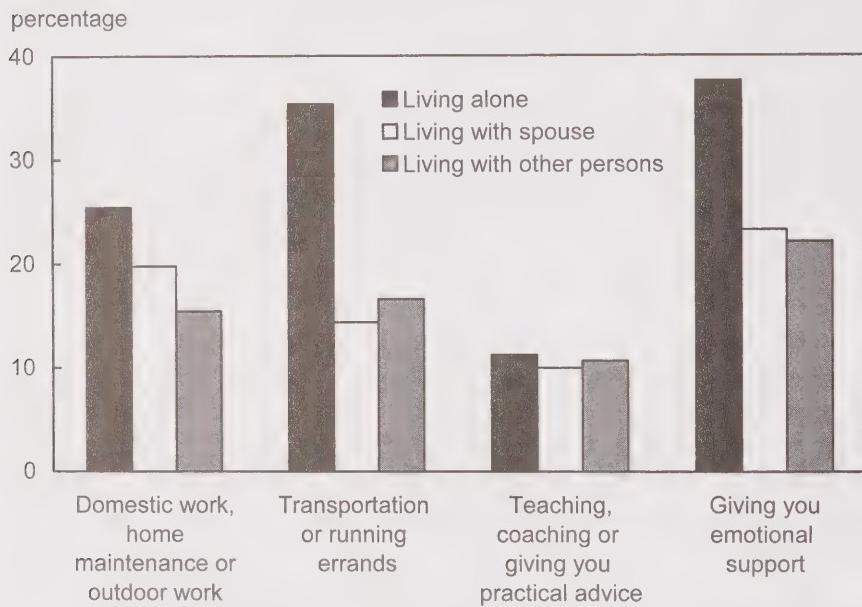
The prevalence of receiving help for transportation or running errands was significantly higher among older seniors, that is those aged 75 and over, than among individuals in younger age groups. In 2003, about 29% of seniors aged 75 and over said that they had received that kind of help in the last month from someone outside their household. In contrast, this was the case for only 16% of those in the 65 to 74 age group. Interestingly, seniors in the latter age range were even less likely than 25- to 54-year-olds to have received help with transportation or running errands.

The fact that the great majority of seniors aged 65 to 74 have a valid driver's licence as well as access to a vehicle helps to explain why such a low proportion of persons in that age range had received help for transportation or for running errands from someone who did not live with them. In 2005, 89% of 65- to 74-year-olds said that they or someone in their household leased or owned a vehicle, compared to 73% of those aged 75 and over. Also, a significantly higher proportion of 65- to 74-year-olds than of seniors 75 years old and over reported that they had a valid driver's licence (85% and 60% respectively).

Among seniors, those who lived alone were more likely to receive all types of help (except teaching, coaching or giving practical advice) than seniors living with a spouse and seniors living with a person other than their spouse) (Chart 4.3.1). The differences were particularly noticeable for receiving help for transportation or running errands; about 35% of seniors living alone had received such help in the previous month, compared to 14% of those who were living with a spouse. Also, seniors living alone were more likely to report that someone gave them emotional support; it is likely that individuals living with a spouse or other persons get that form of support within their households.

Senior women were more likely than men to report that they had received emotional support in the previous month. Similarly, they were more likely to say that they had received help for transportation and/or running errands (Chart 4.3.2). The fact that senior men are more likely (89%) than senior women (62%) to have a valid driver's licence could explain in part the latter difference.⁷ For emotional support, research shows that men are more likely to obtain it from their spouse, while women are more likely to obtain it from someone other than their husband.

Chart 4.3.1
Percentage of seniors who were helped in the previous month¹, by living arrangement, 2003



1. Excluding support received from co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Finally, individuals who reported that they had no close friends were significantly less likely to report they had received emotional support in the past month (Chart 4.3.3). For example, only about 15% of seniors aged between 65 and 74 who said they did not have any close friends said that they received emotional support in the previous month. In contrast, about 29% of those with at least one close friend or relative said that they received emotional support.

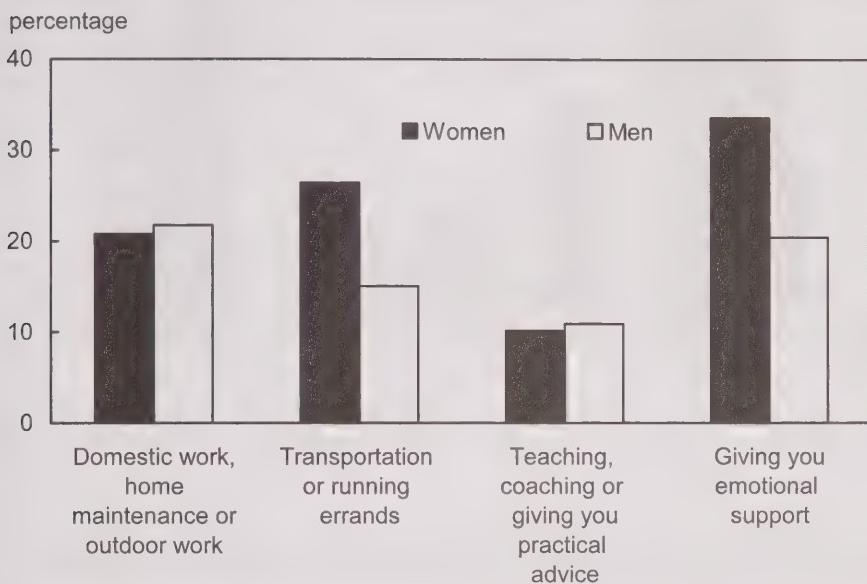
The frequency of receiving help and the sources of help

Seniors who received help from individuals outside the household were more likely to receive help regularly than middle-aged persons. However, the likelihood that older seniors (aged 75 and over) got

help on a regular basis was very similar to that of younger persons (aged between 25 and 34) (Chart 4.3.4). In 2003, among those who had received at least one form of unpaid help in the past month, 35% of 25- to 34-year-olds said that it was regular help, compared to 38% of those 75 years old and over. The reasons for receiving help were probably somewhat different across the age groups. However, these figures illustrate the fact that seniors are not the only, and maybe not even the principal, recipients of social support in society.

Chart 4.3.2

Percentage of seniors who received informal help in the previous month¹, by sex, 2003



1. Excluding support received from co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Not surprisingly, given the size and the composition of their social networks, seniors do not rely on the same type of people for help as their younger counterparts. Among those who had received at least one type of help in the previous month, more than two-thirds of seniors aged 75 and over said that it came from a relative (70%). This was the case for less than half of those in the 55 to 64 age group (48%). In contrast, seniors were less likely to be helped by friends. Some 39% of seniors aged 75 and over who were helped said that a friend had come to their assistance, compared to 69% of those in the 25 to 54 age range (Chart 4.3.5).

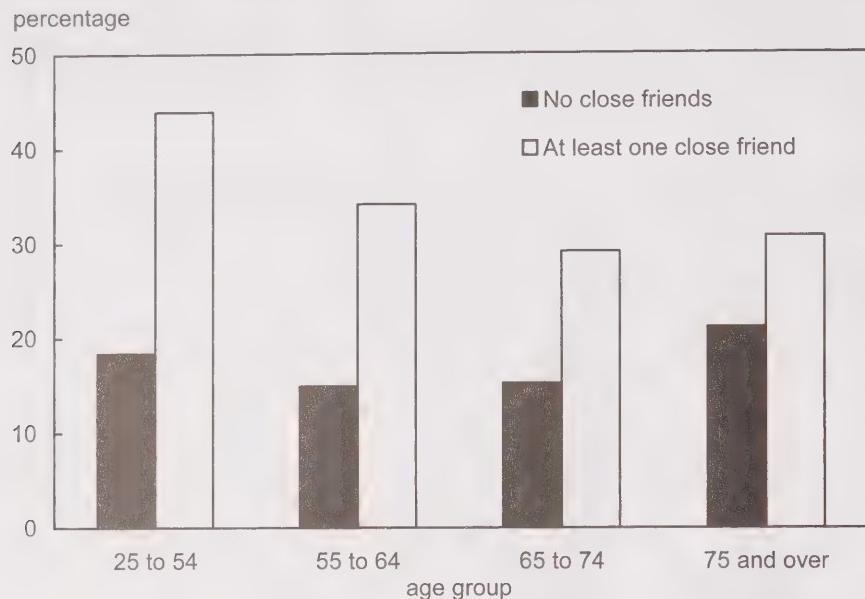
Help provided by seniors to persons not living with them

A significant proportion of older Canadians help other people, and they do so in many different ways. Respondents of the 2003 Statistics Canada's General Social Survey were asked if, in the last month, they had helped someone not living with them.

Younger seniors were somewhat more likely to provide such help than older seniors aged 75 and over. For example, about a quarter of seniors aged between 65 and 74 years old (26%) reported that they had helped someone living outside their home with domestic work, home maintenance or outdoor work (Table 4.3.2). In contrast, this was the case for only 11% of seniors aged 75 and over. Also, some 22% of younger seniors helped with child care, compared to 9% seniors aged 75 and over. This probably reflects the fact that younger seniors are more likely to have young grandchildren than older seniors.

Chart 4.3.3

Percentage of people who received emotional support in the previous month¹, by presence of a close friend and age group, 2003

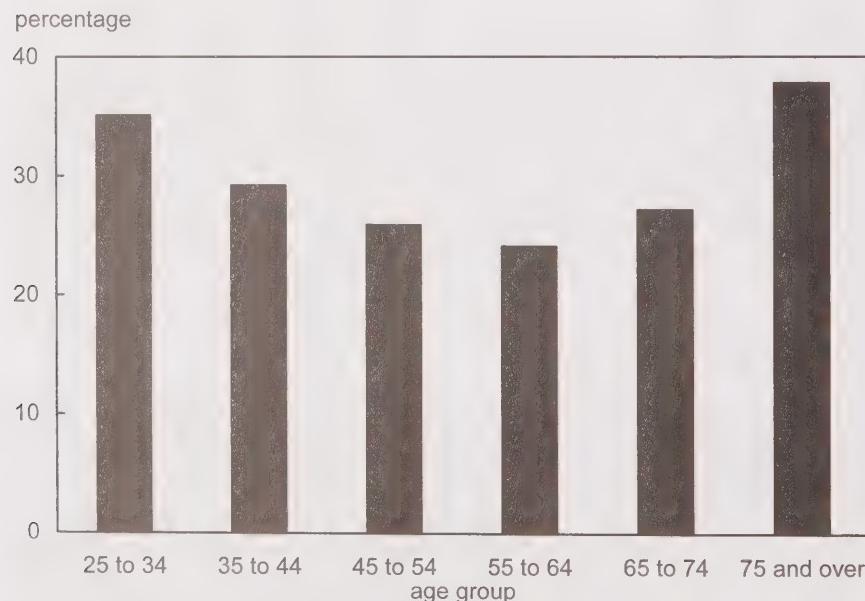


1. Excluding support received from co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Chart 4.3.4

People who received some form of help in the previous month¹: percentage who received that help on a regular basis, 2003

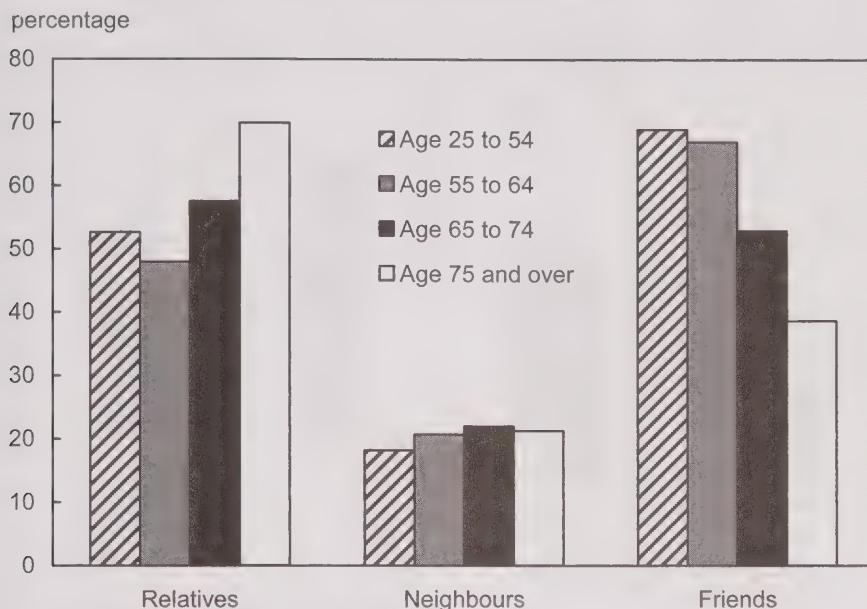


1. Excluding support received from co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Chart 4.3.5

People who were helped in the previous month¹: percentage receiving help from relatives, neighbours and friends, by age group, 2003



1. Excluding support received from co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Interestingly, in all age groups except 75 and over, the proportion of those who said that they provided help was greater than the proportion of those who said that they were helped. For example, only 16% of seniors aged 65 to 74 said that they received help for transport or for running errands, while those in the same age range who said that they provided that type of help were twice as numerous, at 33% (Chart 4.3.6).

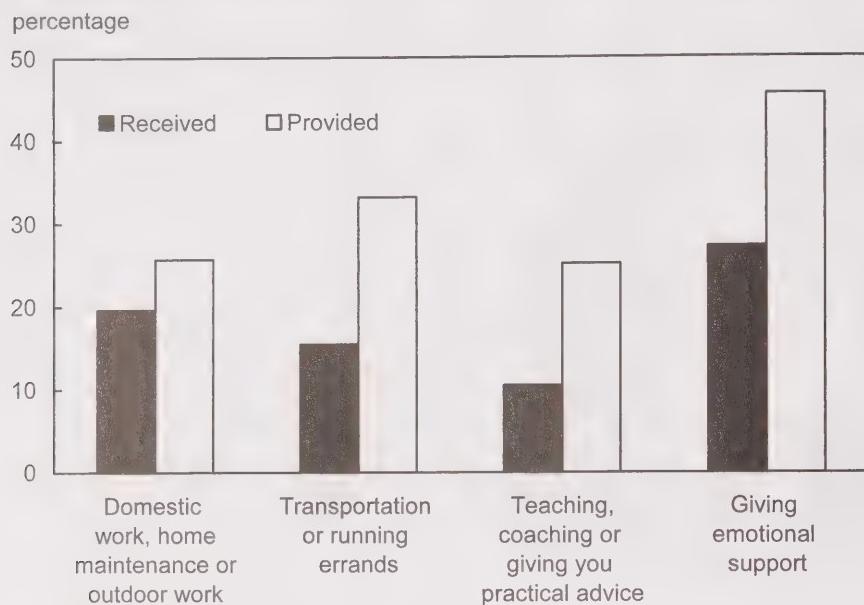
On the other hand, older seniors aged 75 and over were more likely to report having been helped than having provided help with domestic work, home maintenance or outdoor work, as well as for transportation or running errands (Chart 4.3.7). However, they said they were more likely to have helped someone else by teaching them, coaching or giving them practical advice. Similarly, they reported providing more emotional support than they received.

As noted earlier, men and women are not only different in the types of help that they receive; they also are different in the type of help that they provide. According to the 2003 General Social Survey data, senior men are more specialized in providing help with: domestic work, home maintenance or outdoor work; transportation or running errands; teaching, coaching or giving practical advice. In contrast, senior women were more likely to help with child care and emotional support (Chart 4.3.8).

Seniors who helped someone were more likely than 25- to 54-year-olds to assist a neighbour, and less likely to help a friend (Chart 4.3.9). These patterns are similar to those observed for help received. Seniors are more likely than younger adults to know many of their neighbours, and they generally have more positive attitudes toward them (see Section 4.6 for more details). The fact that they also are more likely to provide help to their neighbours is consistent with these attitudes.

Chart 4.3.6

Percent of seniors aged 65 to 74 who received and provided help in the previous month¹, by type of help, 2003

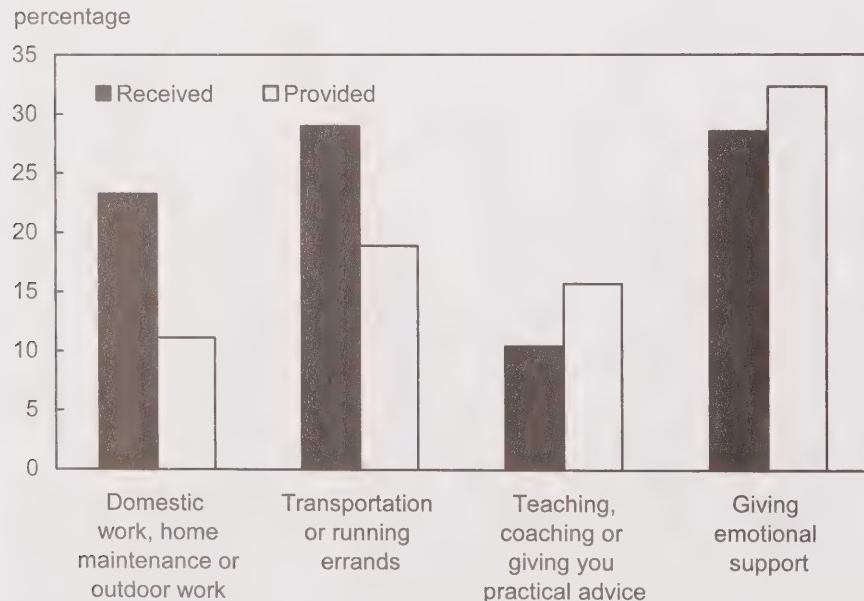


1. Excluding support received or provided from or to co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Chart 4.3.7

Percentage of seniors aged 75 and over who received and provided help in the previous month¹, by type of help, 2003

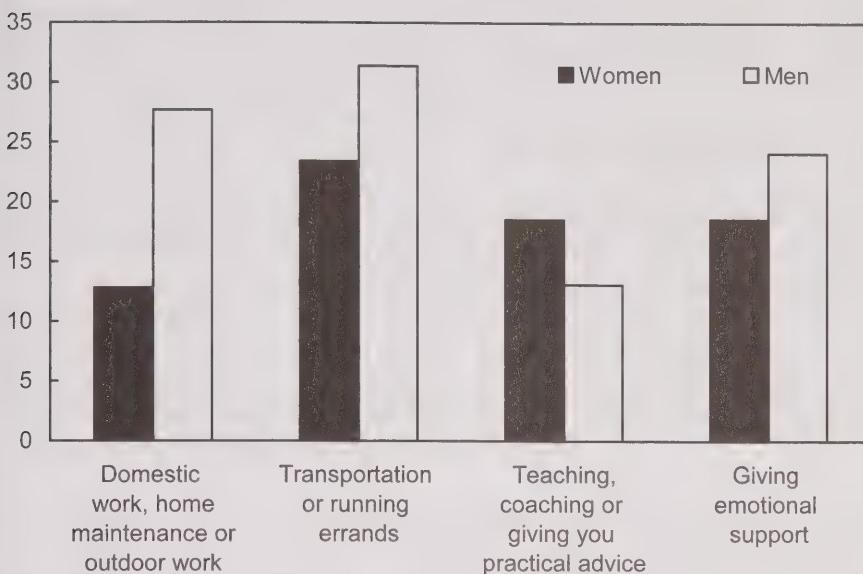


1. Excluding support received or provided from or to co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Chart 4.3.8**Percentage of seniors who provided help in the previous month¹, by sex, 2003**

percentage

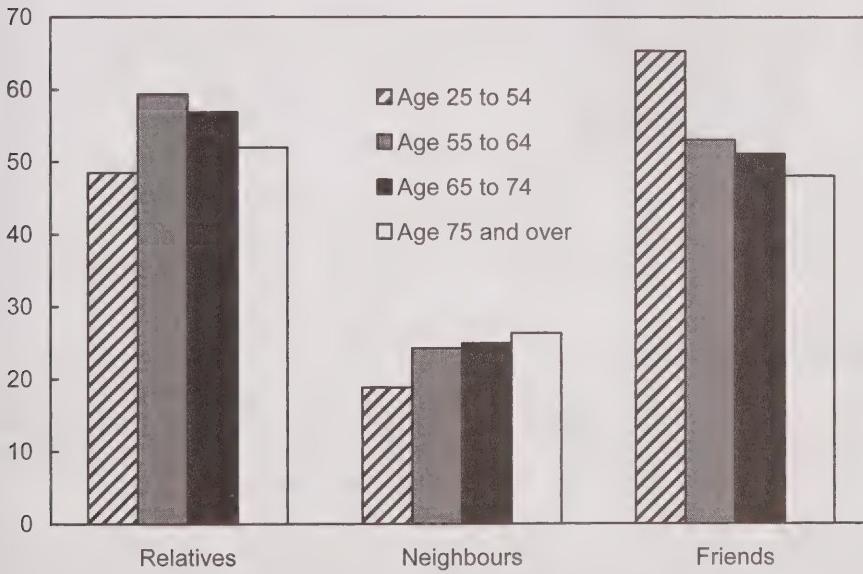


1. Excluding support provided from co-residents.

Source: Statistics Canada, General Social Survey, 2003.

Chart 4.3.9**Persons who provided some form of help in the previous month: percentage who provided help to relatives, neighbours and friends, by age group, 2003**

percentage



Source: Statistics Canada, General Social Survey, 2003.

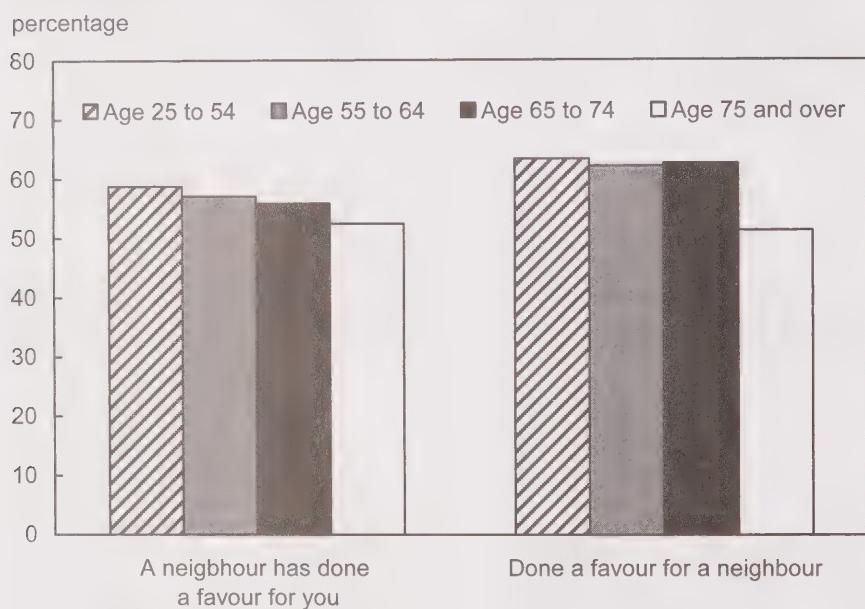
Exchange of favours among neighbours

Seniors are more likely to know their neighbours than their younger counterparts but are less likely to exchange favours with them. About 59% of individuals in the 25 to 54 age range reported that they had received a favour from their neighbours in the past month, compared to 56% of seniors aged between 65 and 74 and 52% of seniors aged 75 and over (Chart 4.3.10). It is possible that younger persons are more likely to need the type of help that can be offered by neighbours because of their stage in their life cycle (for example because of the presence of younger children).

The percentage of 25- to 54-year-olds, 55- to 64-year-olds and 65- to 74-year-olds who had done a favour for a neighbour in the past month was similar. However, seniors aged 75 and older were less likely than others to have done so, at 51% compared to 63% in the 25 to 54 age range.

Chart 4.3.10

Percentage who have received a favour from a neighbour and who have done a favour for a neighbour, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

Giving to charitable and non-profit organizations

In 2004, about 22.2 million Canadians, or 85% of the population aged 15 and over, made a financial donation to a charitable or other non-profit organization. The recipients of these donations included religious organizations, health organizations, social services organizations and hospitals.

Seniors were not very different than other age groups in terms of making donations. In 2004, 87% of seniors aged 65 to 74 made a financial donation to charitable or non-profit organizations, about the same proportion as individuals in the 25 to 54 age range (88%) (Table 4.3.3).

However, the average dollar amount of annual donations by seniors was significantly higher than that by younger persons. In 2004, donors aged 75 and over gave on average \$646. By comparison, the average was \$395 for individuals aged 25 to 54 (Table 4.3.3).

Part 2: Seniors receiving care because of their health status

In recent years, the proportion of seniors living in private households has been on the rise. Among these seniors, and especially among the elderly, many have a long-term health problem (see Section 2.1 on health). While many seniors with a long-term health problem are independent and are able to remain in their houses, many also require help to conduct their daily activities.

Public services or private organizations can respond to some of their needs, for instance house cleaning, transportation and personal care. However, they cannot, and are not always, the best suited to respond to all of a senior's needs. Moreover, financial resources are not always sufficient to provide all the care that might be needed. In many cases, the presence and commitment of a close family member, a spouse or a neighbour can make an important difference in their quality of life, increasing the possibility that they can stay in their home.

In the second part of this chapter, the focus is placed on seniors who receive help and care because of a long-term health condition. How many seniors receive care because of they have a long-term health problem? Who is providing this care? Are their needs satisfied?

Seniors who receive help because of a long-term health problem

In 2002, close to one million seniors (945,000) who lived in private dwellings said they received help because of they had long term health problem or physical condition that affected their ability to engage in day-to-day activities. This amounted to 26% of Canadians aged 65 and over receiving some help with indoor or outdoor household work, shopping or transportation, or personal care.

Elderly Canadians aged 85 and over were almost four times more likely than their younger counterparts aged 65 to 74 to receive care for a long-term health problem (60% and 16%, respectively) (Table 4.3.4). Seniors aged between 75 and 84 fell in between, with about a third of them (34%) receiving care.

In every age group, women were more likely to receive care than men. Among 65- to 74-year-olds for example, about 19% of women receives help, compared to 13% of men. The gap was larger in the 75 to 84 age range, in which 64% of women received care compared to 53% of men (Table 4.3.4).

However, the differences between men and women were not the same, depending on their living arrangements. Among seniors living with their spouse, men were almost as likely as women to receive help (19% for men and 22% for women). In contrast, the gap was much larger between senior men and women living alone. In 2002, about 37% of women living alone received help, compared to some 23% of men.

The fact that senior women living alone are, on average, slightly older than men does not explain the difference.⁸ If only seniors aged 85 and over are selected, the proportion of women living alone who received help for a long-term health problem was still significantly higher than the proportion of men, at, respectively, 62% and 52%.

Regional differences were also apparent, and seniors living in the Atlantic Provinces were significantly more likely than other seniors, while those living in Québec were least likely, to receive help because of

a long-term health problem. In 2002, about 40% of seniors in Atlantic Canada received some kind of assistance, more than twice the proportion in Québec (18%). West of Québec, the proportions of seniors in private households who received help varied between 26% and 28%.

Throughout this report, the importance of the changing educational profile of seniors (and of the next generation of the seniors) has been highlighted. As seen in the section on health, well-being and security, there is a close relationship in all age groups between level of education and health; specifically, the higher the level of education, the greater the likelihood of being in good health or of reporting more positive health behaviours. With this information in mind, it should then be expected that seniors with a higher level of education would be significantly less likely to receive help because of a long-term health condition –since they would be less likely to need it.

Although there is a gap between those with higher and lower levels of education, it is not as large as the one observed for health status. In the 65 to 74 age group for example, the proportion of those with a college or a university diploma who received help was only slightly lower than the proportion of those with less than high school (18% and 13%, respectively). In the 75 and over age group, the education gap existed only between women. In sum, seniors with the highest levels of education are only slightly less likely to receive help because of a long-term health problem.

Various health problems and receipt of care

Some health problems are quite prevalent among seniors, including impaired mobility, fuzzy memory, and pain or discomfort; other problems are less common, among them speech, dexterity and uncorrected hearing problems (see Chapter 2, Table 2.1.10). However, these different types of health problems do not have the same effects on the daily lives of individuals. Some less prevalent problems may increase dramatically the need for help; others which are more commonly found in the population are less strongly associated with the likelihood of receiving care.

For example, regular trouble going to sleep or staying asleep, and memory problems, which are both common among seniors, did not increase the likelihood of receiving help very significantly. Among seniors aged 85 and over, 59% of those who reported no problem sleeping were helped because of a long-term health problem; the corresponding percentage for those who did report problems sleeping was very similar, at 63% (Table 4.3.4).

On the other hand, having problems with dexterity⁹ dramatically increased the probability of receiving help. In the 85 and over age group, almost all seniors (95%) with dexterity problems said that they received help because of they had a long-term health problem; this was the case for only 55% of those without dexterity difficulties. Other long-term problems that were particularly associated with receiving help included uncorrected vision problems and speech problems. Seniors aged 65 and over with a speech problem were almost three times more likely to receive care than those without one.

Age and the likelihood of receiving care

As documented above, many factors are associated with the likelihood of receiving help and care, and health is obviously a critical one. However, age itself is one of the most determinant elements associated with the probability of receiving help because of a long-term health condition. Chart 4.3.11 illustrates this reality. While poor health is associated with a greater probability of receiving help in all age groups, it is much more the case among younger seniors aged 65 to 74 than among older seniors aged 85 and over. To be more precise, in the 65 to 74 age group, those who perceived their health as good were almost four times less likely to receive help than those whose health was fair or poor (12%

and 43% respectively). In contrast, some 59% of seniors aged 85 and over fair or poor health received help, compared to half (50%) of those who described their health as good.

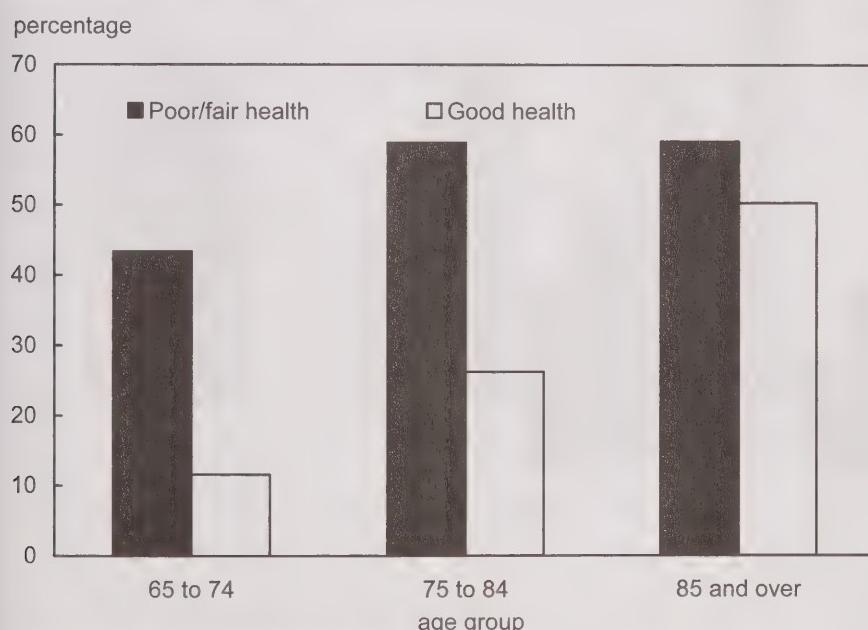
The same pattern exists when seniors' health status is measured using the health utility index. The index is a more "direct" measure of health, but it is equally global as self-perceived health, since it includes emotional as well as physical elements. In younger age groups, those in poorer health were seven times more likely to receive help than those with more positive health status. This was also true among seniors aged 85 and over, but the gap between those in very good health and those in poorer health was much narrower, with those in poorer health being about three times more likely to receive help than those in the best health (as measured by the health utility index) (Chart 4.3.12).

Unmet caregiving needs

The fact that 74% of seniors did not receive help because of a long-term health problem does not necessarily mean that all those who required help received it. In 2002, about 2% of seniors living in private households experienced unmet caregiving needs; that is, they reported that they needed care because of a long-term health problem but they had received none.

Chart 4.3.11

Percentage of seniors who received help because of a long-term health condition by self-perceived health, 2002



Source: Statistics Canada, General Social Survey, 2002.

As illustrated in Table 4.3.6, seniors who did not receive help even though they needed it were younger and healthier, on average, than those who said they were receiving the assistance they required; at the same time, they were older and less healthy than those seniors who did not need care. More precisely, seniors who needed care but did not receive it were, on average, 75 years old; in contrast, those who received help because of a long-term health problem were 78.4 years old, and those who did not receive help because they did not need it were the youngest, at 73.2 years old.

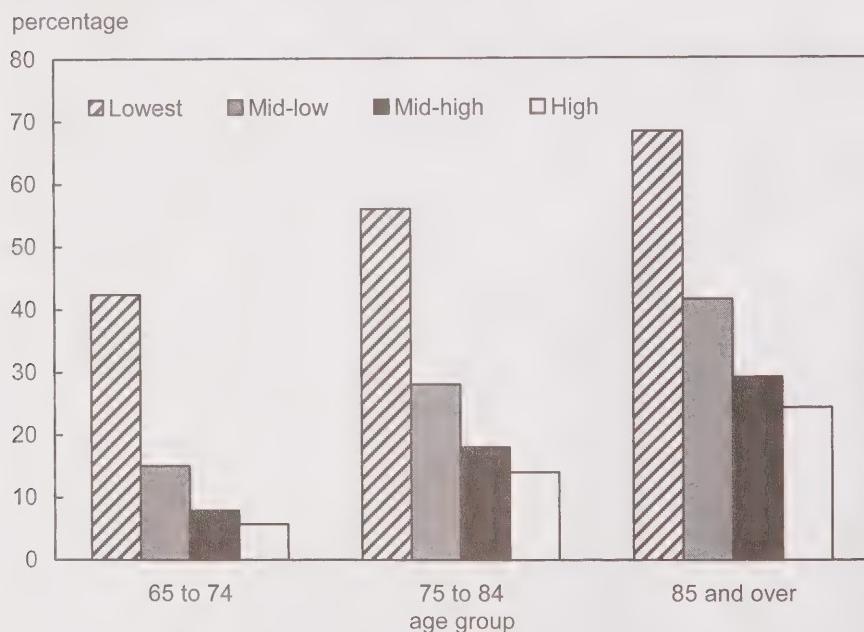
There were some regional differences in the extent to which care was provided (or not) when it was needed. In Québec, about 2.9% of seniors reported that they did not receive the care that they needed. This proportion was higher than in the Atlantic provinces (1%), Ontario (1.2%) and the Prairies (1.4%). However, it was not significantly different from British Columbia, where about 2.4% of seniors reported that although they needed care because of a health problem they did not receive it.

The various types of help received by seniors

The type of help that seniors received because they had a long-term health problem varied significantly across age groups. Some 9% of seniors aged between 65 and 74 received help with home maintenance and outdoor work; in contrast, only 5% of them received help with shopping, transportation, banking or paying bills (Table 4.3.7). This is not surprising since outdoor work and home maintenance often involve more considerable physical effort. As such, even less serious long-term health problems (for instance, moderate back pain) can limit the ability to perform these tasks.

Chart 4.3.12

Percentage of seniors who received help because of a long-term health problem, by health utility index level and age group, 2002



Source: Statistics Canada, General Social Survey, 2002.

At older ages, seniors are less likely to require help with work around the house (some may have moved to a residence which requires less maintenance) but they are more likely to require help for all other types of activities. For example, some 36% of seniors aged 85 and over and still living in a private home received assistance with bathing, toileting, care for toenails or finger nails, brushing teeth, shampooing and hair care.

Not surprisingly, given that senior men are not as likely as women to receive help, they also are not as likely to receive the various types of help. Among other things, senior women, and particularly those

aged between 75 and 84, were significantly more likely to get assistance for shopping or transportation than men (18% and 8% respectively).

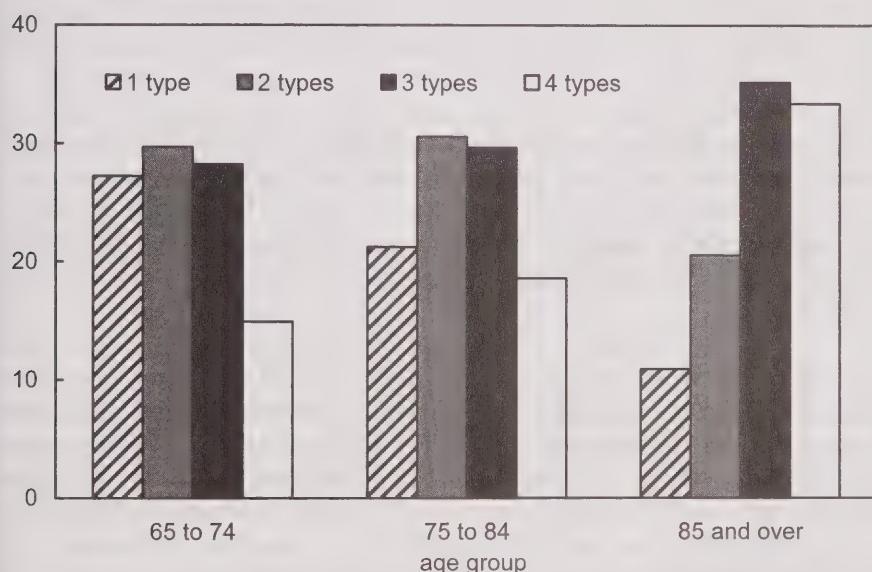
Senior women are also twice as likely to receive help with indoor work because of a long-term health condition, at 18% compared to 9% of men. However, this difference between men and women should be interpreted with caution. In many couples, responsibilities are divided according to traditional gender roles, and men are more likely to report that they are helped with these tasks because this is the way chores are shared in their households and not because of their health problem.¹⁰

Also, the likelihood of receiving more types of help increased significantly with age. Among seniors aged 85 and over who received some type of care because of a long-term health problem, one-third got help in all four major categories of activities, that is indoor housework, outdoor work, transportation and personal care (Chart 4.3.13). This was the case for only 15% of seniors aged between 65 and 74.

Chart 4.3.13

Seniors who received help because of a long-term health problem: number of types of help received, by age group, 2002

percentage



Source: Statistics Canada, General Social Survey, 2002.

Formal and informal sources of help

Seniors who have a long-term health problem can receive help and care from informal sources like their spouse, relatives, and friends; from formal sources such as government and non governmental organizations; or from both. For many reasons, public institutions are interested in knowing the numbers of seniors receiving care from informal sources; this information assists them in planning costs and forecasting demand for services, estimating eventual support necessary for caregivers, and the like. Informal caregivers are also interested about the provision of home care by the public sector, especially when their involvement implies expending considerable amounts of time, money and psychological resources. Do most seniors receiving care for a long-term health problem receive it from informal, formal or both types of sources?

Among all seniors who received help because of a long-term health problem, about three quarters (72%) received that help, in part or in total, from informal sources; a little less than half (45%) received their help only from informal sources (Table 4.3.8). However, older seniors aged 85 and over who received care were less likely to get it from informal sources exclusively. More precisely, some 53% of those aged between 65 and 74 who received care had it from informal sources only, compared to 40% of the elderly aged 85 and over. Not surprisingly, the proportion receiving care from formal sources was higher among older seniors. Some 60% of those aged 85 and over received part or all of their help from a formal source, whether government, personal paid employee, or non-governmental organizations. In contrast, this was the case for less than half of those aged between 65 and 74 (47%). As they get older, the chronic conditions for which seniors need help may become more severe or numerous; consequently, more specialized home care can be required and members of social networks may no longer be sufficient for providing support.

A senior's type of living arrangement is not only associated with the likelihood of receiving help because of a long-term health problem; it is also correlated with the probability of receiving it from informal and/or formal sources. Not surprisingly, seniors living alone are more likely to receive help from formal sources (whether exclusively or in part) than those living with a spouse (64% and 52%, respectively) and those living with other persons (40%). Seniors not living with a spouse but with other persons (such as relatives) were significantly less likely to receive formal help only. About 14% of them received all their care only from formal sources, compared to 33% of seniors living alone. It is possible that seniors living with other persons have adopted such a living arrangement because they can be helped more easily that way.

Province of residence is also a factor influencing the probability of receiving care from formal and informal sources. Seniors living in Québec are not only less likely to receive help and care because of a long-term health problem; when they do receive some help, they are less likely to receive it from a formal source. In Ontario, 33% of care receivers aged 65 and over got all their care from formal sources, compared to 21% in Québec. Seniors living in Québec were the most likely to receive all their care from informal sources (54%).

A modest negative association between level of education and the likelihood of receiving care was documented above (that is, the greater the level of education, the lower the likelihood of receiving care because of a long-term health problem, probably because of more positive health status). There is also a relationship, which is stronger, between education and the likelihood of receiving care from formal versus informal sources. Among seniors who received care because of a long-term health problem, some 37% who had a college or a university degree received it from formal sources exclusively. In contrast, this was the case for only 22% of those whose highest level of educational attainment was less than high school. More generally, 65% of senior care receivers with the highest level of education received some of their care from formal sources, compared to 48% of those with the lowest level of educational attainment. It is possible that seniors with a greater level of education have more resources of all kinds (financial or informational, for example), which allows them to buy some of the services they need. Seniors with higher education and members of their social networks are probably more likely to know how to access these services.

As mentioned in Chapter 1, the extent to which seniors live in small communities distant from urban centres has implications for the provision of services like health care and home support. Governmental or non-governmental organizations could find it more difficult to provide services, for example, in more remote areas. However, seniors living in more urban areas were no more or less likely than those in smaller places to receive their care from formal sources. (The differences were not statistically significant.) Again, these results should be interpreted with caution; the fact that there are no significant differences between rural and urban areas does not necessarily mean that it is as easy to obtain formal

help in every type of areas. Many intervening factors can influence the source that will deliver care to seniors who need it.

The role of social networks in providing help to seniors

Seniors who have a lot of social resources probably are in a better position to receive help and care from informal sources than those who are more socially isolated. At the same time, they might be in a better position to obtain their help from different people, and hence less likely to overload the individual members of their social networks. Finally, seniors with larger social networks may be able to mobilize formal sources more easily if they need to (since they have more contacts).

Children often are the main providers of informal help and care for seniors. The relationship between the number of children still living and the likelihood of receiving care from informal sources is obvious. For example, the share of seniors who received care from informal sources exclusively was twice as large among those who had six or more children, compared to those who did not have any children (Table 4.3.9). Naturally, the likelihood of receiving care exclusively from formal sources declined dramatically with the number of children a senior had. Specifically, close to half of seniors who did not have any children relied exclusively on formal sources for their care (47%). The portrait was very different for those who had six or more children, as only 19% of them received all their care from formal sources.

The number of siblings is also associated with the probability of receiving care from informal or formal sources. However, seniors without siblings are less likely to receive all their care from formal sources than seniors without any children. In 2002, some 37% of seniors who did not have a surviving sibling received all their care from formal sources, compared to 47% of those without any children.

As illustrated in Charts 4.3.14 to 4.3.17, seniors who received care are more likely to report that a son or a daughter has provided help than a sister or a brother. For instance, about 17% of seniors who got help for indoor housework received that help, in part or in total, from a daughter. Only 1% of seniors in these seniors received help from a sister or a brother.

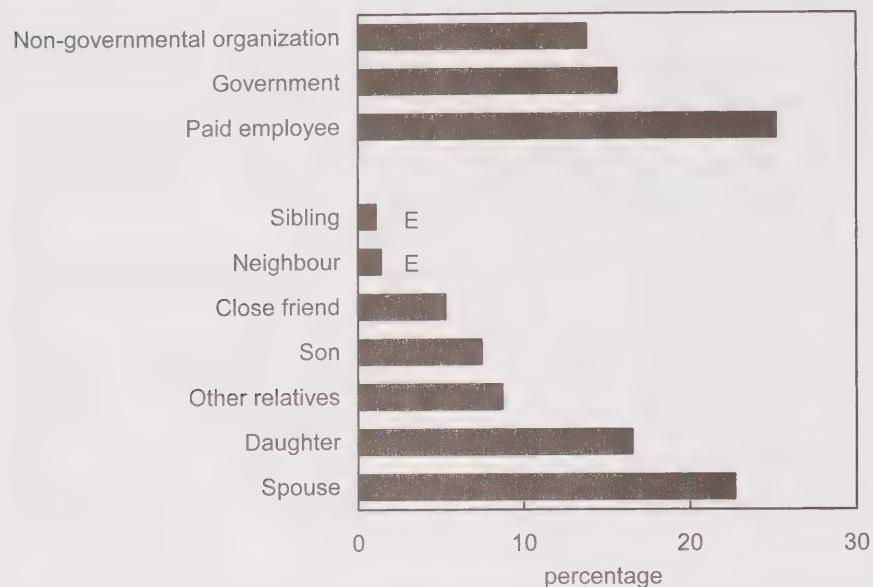
Reflecting the traditional gender division of labour in housework, seniors who were helped with house maintenance or outdoor work were more likely to receive that type of help from a son (24%) than from a daughter (11%). Again, siblings were not very likely to be the provider of home maintenance and outdoor work help for seniors.

Noticeably, a great proportion of seniors who received help with indoor or outdoor work in their home received it from paid employee. These paid employees played as important a role as daughters in the case of indoor housework, and as important a role as sons in the case of house maintenance or outdoor work. However, they were far less likely to provide assistance with shopping, transportation or bill paying, and personal care.

Seniors who received help with personal care were particularly likely to receive that help from the government or from non-governmental organizations. In 2002, some 29% of seniors who received help with personal care received it, in part or in total, from at least one non-governmental organizations. Also, close to one-quarter of care receivers reported their personal care had been provided by the government (24%), about the same proportion as those who received it from a spouse (23%).

Chart 4.3.14

Seniors who received help with indoor housework because of a long-term health condition: sources of help, 2002

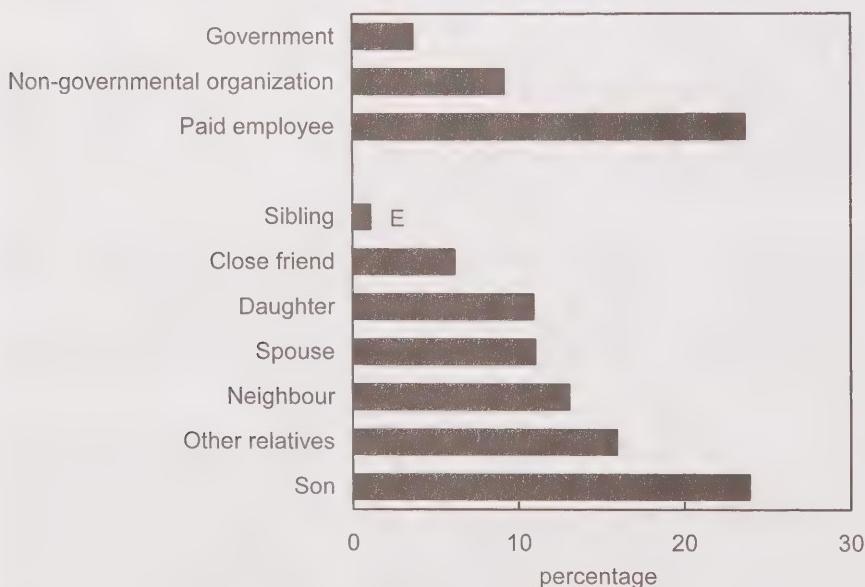


E use with caution

Source: Statistics Canada, General Social Survey, 2002.

Chart 4.3.15

Seniors who received help with outdoor housework because of a long-term health condition: sources of help, 2002

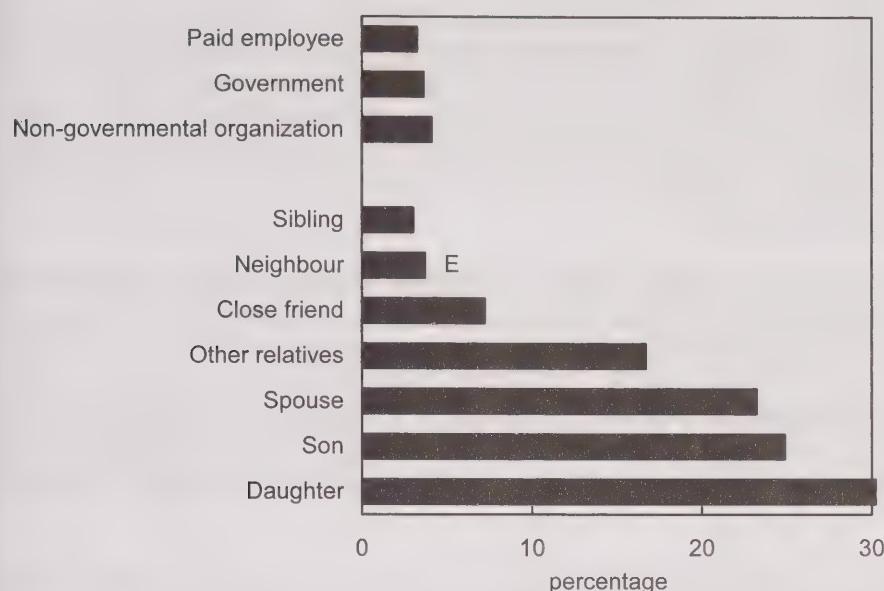


E use with caution

Source: Statistics Canada, General Social Survey, 2002.

Chart 4.3.16

Seniors who received help with shopping or transportation or bill paying because of a long-term health condition: sources of help, 2002

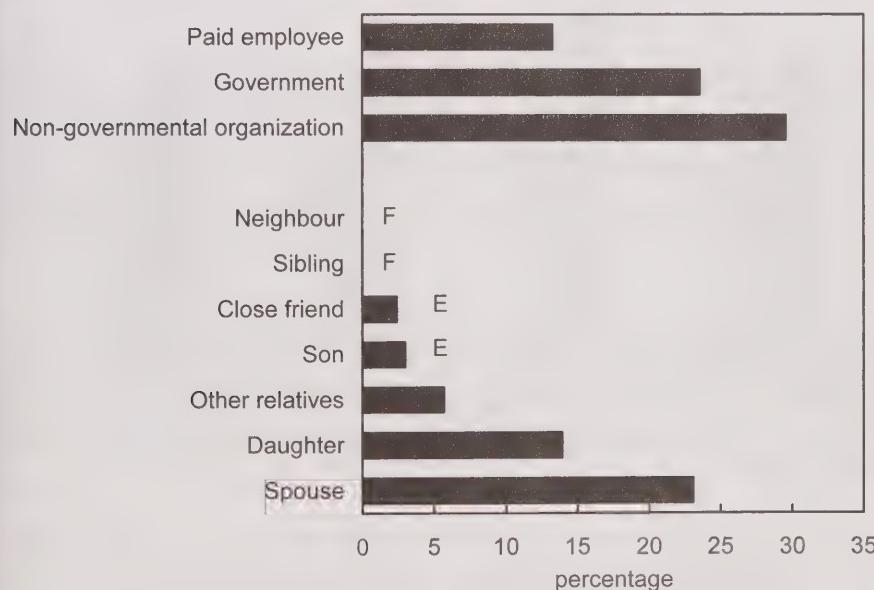


E use with caution

Source: Statistics Canada, General Social Survey, 2002.

Chart 4.3.17

Seniors who received help with personal care because of a long-term health condition: sources of help, 2002



E use with caution

F too unreliable to be published

Source: Statistics Canada, General Social Survey, 2002.

4.4 Organization involvement and volunteering

For seniors, participation in organizations and associations, as well as volunteering, is not only a way of contributing to their communities and to society, but also an effective way to meet people and to avoid social isolation. In this section, information about membership and participation in organizations are presented, as well as a profile of organizations in which seniors are the most active. Some of the factors associated with organizational engagement are also presented. In the last part of the section, information about volunteering are presented (participation rate, number of hours of volunteered, etc.).

Participation rates and types of organizations

In 2003, General Social Survey respondents were asked about the groups or organizations, the networks and the associations to which they belonged. These could be formally organized groups or just groups of people who get together regularly to do an activity or talk about things.

Seniors aged 65 to 74 (54%) were just as likely as individuals aged 25 to 54 (54%) and as those aged 55 to 64 (55%) to be members of, or participants in, at least one organization.¹¹ However, the proportion of those aged 75 and over who were involved in one or more groups was slightly lower, at 46%.

The frequency of participation in group activities and meetings does not vary much with age. Of seniors active in at least one organization, 43% participated at least once a week – a proportion that was not different than that for 25- to 54-year-olds.

However, the types of organizations in which seniors take part are somewhat different than those in which younger persons participate (Table 4.4.1). Firstly, seniors are more likely to be members of or participants in religious-affiliated groups. In 2003, 23% of 65- to 74-year-olds and 21% of those aged 75 and over took part in these types of groups; in contrast, this was the case for 16% of people in the 25 to 54 age range.

Secondly, seniors (particularly men) are more likely to participate in service clubs or fraternal organizations (such as the Kiwanis, the Knights of Columbus, or the Lions) than younger persons. In 2003, about 16% of seniors aged between 65 and 74 were involved in a service club or a fraternal organization, compared to 7% of 25- to 54-year-olds (and about 4% among the youngest adults between 25 and 34). Considering these percentages, it is somewhat likely that in the coming years, some of these long-standing service clubs and fraternal organizations will experience difficulties in renewing their membership.

Men of all ages, but especially senior men, were more likely than women to be members of service clubs or fraternal organizations and of a political party or group. In 2003, the proportion was more than one in five senior men (21%), compared to about one in ten senior women (11%). The fact that some of these organizations are reserved for men – like the Knights of Columbus – probably explains the gender gap in involvement in this type of organization.

The popularity of sports and recreation organizations declines in older age groups. In 2003, 30% of 25- to 54-year-olds were members of or participants in an organization like a hockey league, a health club or a golf club, compared to 12% of individuals aged 75 and over. Younger persons are also more likely to take part in school, neighbourhood, civic or community associations: 17% for 25- to 54-year-olds versus 10% for seniors. These gaps between younger adults and seniors simply underline that they are in different stages of the life cycle. Younger persons tend to have young children at home and so

become more involved in community, neighbourhood or school associations. Indeed, among 25- to 54-year-olds without children, the proportion of those involved in a community association was no different to that of seniors aged 65 to 74, at 12%.

The next generation of seniors, that is those who are now aged 55 to 64, are also more likely to belong to certain types of organizations than current seniors and younger persons. Among the four age groups, they were the most likely to participate in political parties or groups, as well as the most likely to be involved in cultural, education or hobby organizations such as theatre groups, book clubs or bridge clubs. In 2003, almost one in four 55- to 64-year-old women was active in a cultural, education or hobby organization (24%).

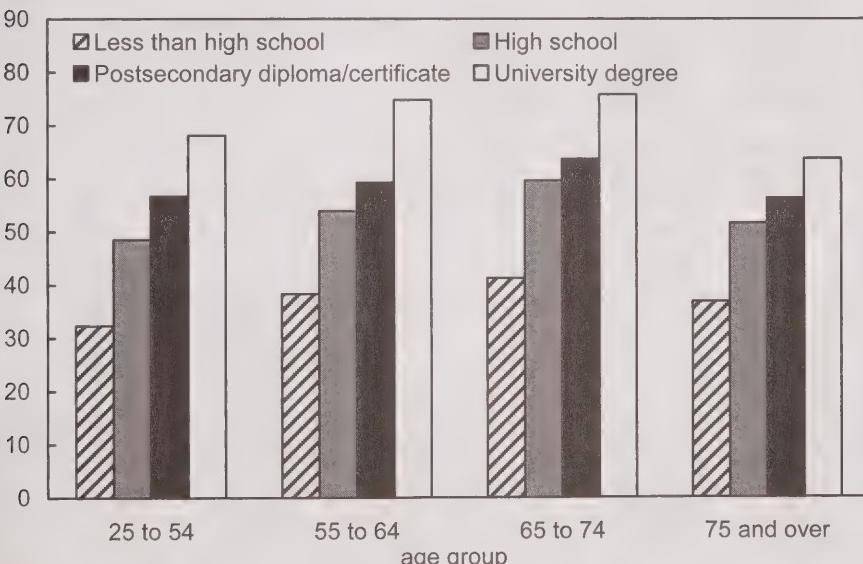
Factors associated with organizational involvement

Not all persons are involved in organizations. Among younger individuals as well as among seniors, a person's level of education is associated with their likelihood of being involved in an organization (Chart 4.4.1). In 2003, 76% of seniors aged between 65 and 74 who had a university degree were involved in one organization or another. In contrast, this was the case for only 41% of their counterparts who had less than high school.

Chart 4.4.1

Percentage of people who are members of a voluntary organization¹ or association, by age group and level of education, 2003

percentage



1. Organizations include school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs.

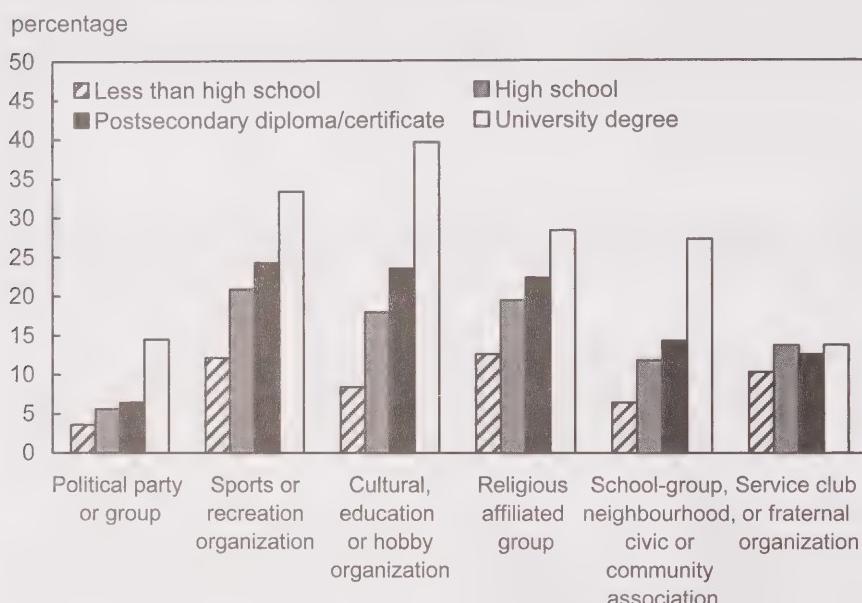
Source: Statistics Canada, General Social Survey, 2003.

As documented elsewhere in this report, the next generation of seniors will have a significantly higher level of educational attainment than the current generation. If the association between the level of education and organizational involvement remains stable in the years ahead, an increase in the overall level of participation among seniors might be expected – in absolute as well as in relative terms.

It is also notable that the association between the level of education and the likelihood of participation is stronger for certain types of organization than for others. For example, 55- to 64-year-olds with a university degree were almost five times more likely to be involved in a cultural, education or hobby organization than those who had less than high school (40% versus 8%) (Chart 4.4.2). In contrast, the participation rate in service clubs or fraternal organizations was similar across different levels of educational attainment, at 14% for those with a university degree compared to 10% for those who did not complete high school. Therefore, changes in the educational profile of the next generation of seniors might have implications not only in terms of their level of organizational engagement, but also in the type of organizations they will take part in.

Chart 4.4.2

Percent of people aged 55 to 64 who are members or participants in various types of organizations¹, by highest level of education, 2003



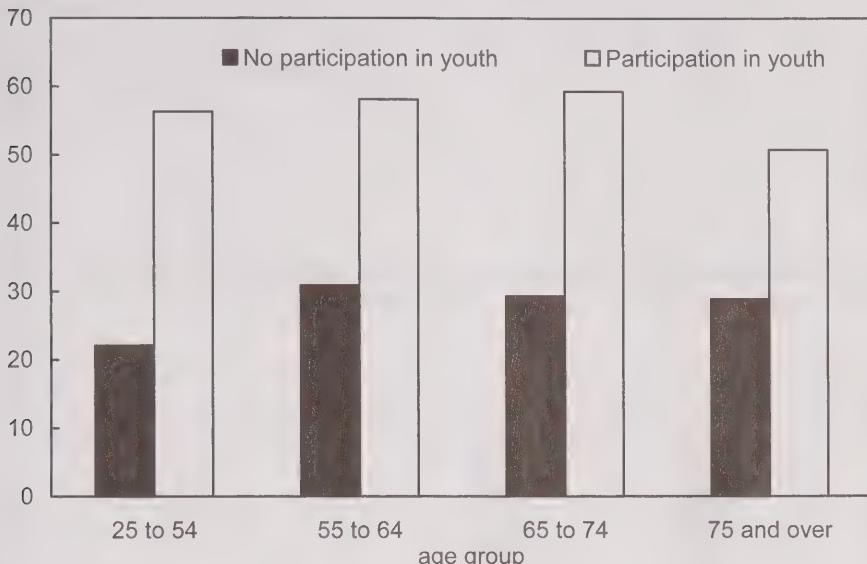
1. Organizations include school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs.
Source: Statistics Canada, General Social Survey, 2003.

Another significant correlate of civic engagement in adulthood is civic involvement in youth. Individuals who were active and engaged as teenagers or young adults are often said to sustain their engagement later in their adult life. GSS data do not contradict this interpretation (Chart 4.4.3). In the 55 to 64 age range for example, persons who reported that they had been civically engaged in some way in their youth were about two times more likely to be members of or participants in an organization later in life than those who reported no involvement when they were young.

A greater proportion of individuals in the 25 to 54 and the 55 to 64 age groups, compared to seniors, report that they were involved in some form of civic or organizational engagement when they were young. This is true for all types of activities except those related to religious organizations (Chart 4.4.4). Again, if the patterns of association between past and current involvement remains consistent in the years ahead, it is likely that a greater proportion of the next generation of seniors will be involved in community-level activities.

Chart 4.4.3**Percentage of people who are involved in an organization, by participation in youth, 2003**

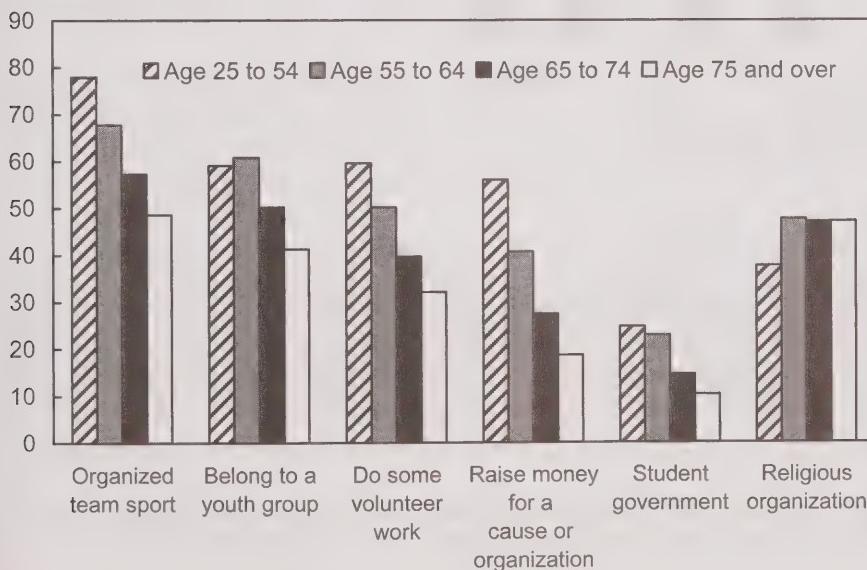
percentage



Source: Statistics Canada, General Social Survey, 2003.

Chart 4.4.4**Percentage of people who were involved in an organization or who volunteered in youth, by type of activity, 2003**

percentage



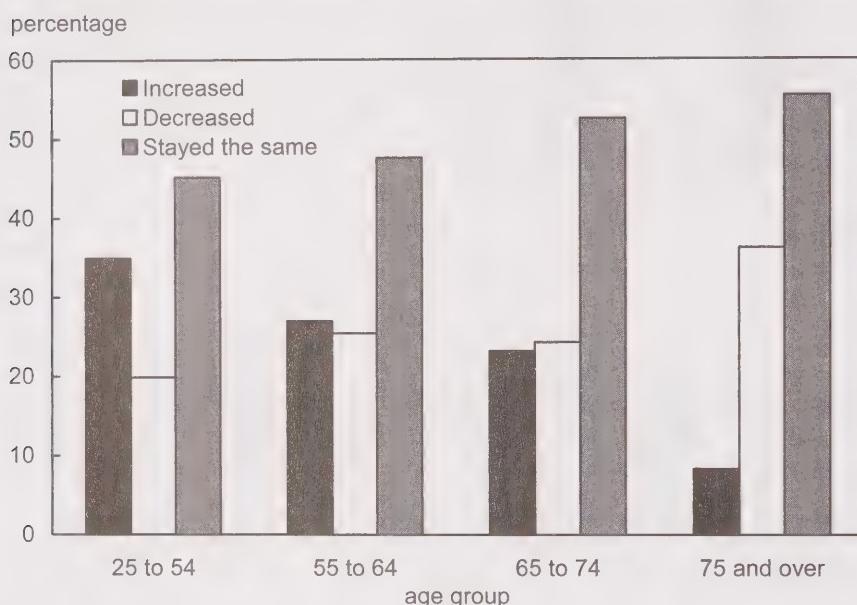
Source: Statistics Canada, General Social Survey, 2003.

As a final point, it appears that seniors are slightly more likely to reduce their level of involvement over time (Chart 4.4.5). GSS respondents were asked if their involvement in organizations had increased,

decreased or stayed the same over the past five years. Among those who were involved in at least one organization or group (excluding unions or professional associations), 36% of seniors aged 75 and over were most likely to say that their involvement had decreased in the past 5 years, in contrast to about 20% of 25- to 54-year-olds and about one-quarter of those aged 65 to 74. That being said, in 2003, 23% of 65-to-74-year-old members of at least one organization said that their involvement had increased in the past 5 years. Many seniors might reduce their level of organizational activity because of health reasons, but others might increase it given that they have more free time available after retirement.

Chart 4.4.5

Percentage of people who reported that their involvement in organizations had increased, decreased or stayed the same in the past five years, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

Volunteering

It is widely recognized that volunteering has significant positive impacts for communities (Hall et al. 2006). But volunteering is also increasingly considered as having positive effects on volunteers themselves, providing them with a sense of purpose and occasions to socialize. Some authors even propose that volunteering can foster greater physical and psychological well-being for individuals (e.g. National Advisory Council on Aging, 2005/06; Cromie, W.J., 1999).

According to the latest data from the Canada Survey of Giving, Volunteering and Participating (2004), almost 12 million Canadians, or 45% of the population aged 15 and older, volunteered during the 12 month period preceding the survey.

The proportion of people who volunteer their time to charities or other non-profit organizations tends to decline with age. However, many seniors are actively engaged in volunteering activities, and this is especially the case among those aged 65 to 74: in 2004, 39% of them volunteered (Table 4.4.2).

While they are slightly less likely to volunteer, seniors who volunteer are more likely to contribute a greater average number of hours to their activities. In 2004, senior volunteers aged between 65 and 74 contributed an average 250 hours of volunteer work. That is approximately 100 hours more than the average number of hours volunteered by 25- to 54-year-olds.

Barriers to volunteering

Seniors who did not volunteer had somewhat different reasons for their abstention than younger persons. Among individuals aged 75 and over in 2004, the most common reason for not volunteering was that they had health problems or were physically unable, at 71% compared to only 17% of non-volunteers aged between 25 and 54 (Table 4.4.3). In contrast, individuals aged between 25 and 54 years old who did not volunteer were much more likely to say that they lacked time (77% vs. 26% of seniors aged 75 and over).

Since many seniors have contributed and given to their communities extensively over the course of their lives, it is not surprising that non-volunteering seniors were more than twice likely as their younger counterparts to say that they did not volunteer because they gave enough time already.

For seniors as well as younger persons, other frequently mentioned reasons for not volunteering included the inability to make a long-term commitment and a preference for giving money instead of time.

Factors associated with volunteering

The analysis of the 2004 Canada Survey of Giving, Volunteering and Participating (CSGVP) has shown that people who have a university degree are much more likely to be a volunteer (Hall et all., 2004). The same is true among seniors aged 65 to 74. In that age group, seniors with a university education were more than twice as likely to volunteer as those who did not complete high school, at 57% compared to 24%. (Chart 4.4.6).

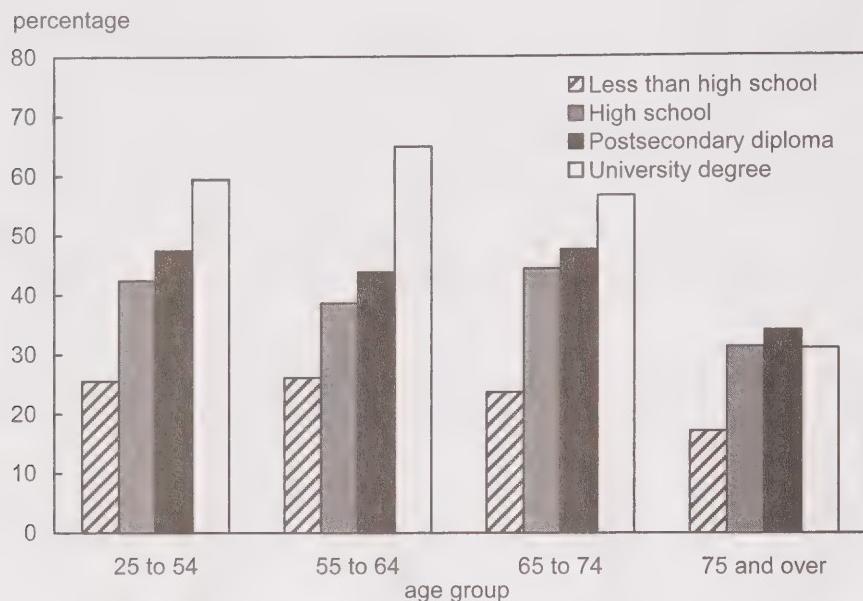
Attendance at religious services has also been shown in the past to be strongly correlated with the likelihood of volunteering (Hall et al., 2004). For example, about 56% of seniors aged between 65 and 74 who attended religious services weekly had volunteered in 2004, compared to only 27% of those who rarely or never attended services (Chart 4.4.7).

The same association is observable among "near-seniors", i.e. those aged 55 to 64 years old. However, individuals in this age range are less likely to attend religious services weekly: only 26% compared with 40% of seniors aged between 65 and 74, according to the 2004 CSGVP. In sum, given the large number of university degree holders who will retire and/or become senior citizen in the years ahead, it is possible that the prevalence of volunteering will intensify among seniors.

Organizational involvement, volunteering and social life

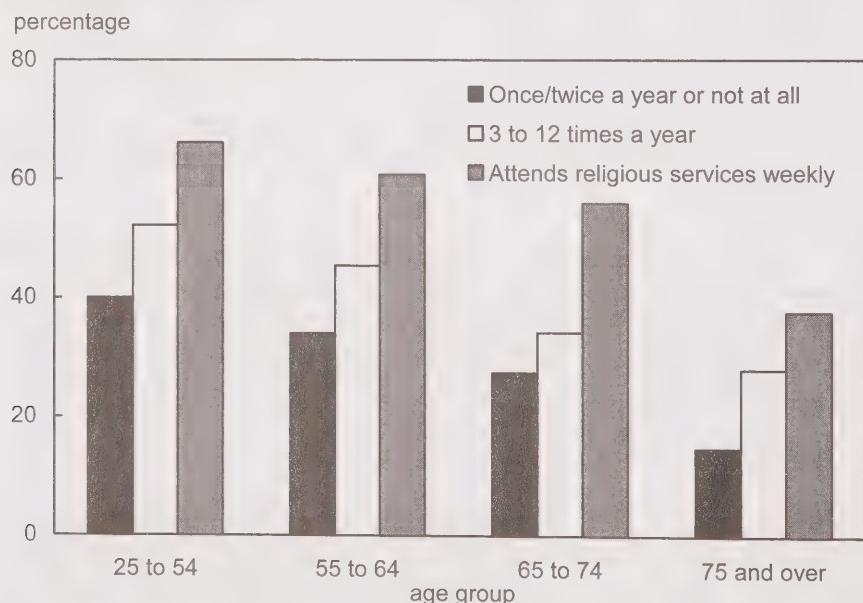
Not surprisingly, members of organizations are less likely to be socially isolated than non-members. In 2003, 43% of seniors aged 75 and older who were members of at least one organization said that they had six close friends or more, compared to 23% of those without any memberships (Chart 4.4.8). Similarly, the percentage of persons who said that they had 6 or more "other" friends was significantly higher among those who were active in at least one organization (Chart 4.4.9).

Chart 4.4.6
Percentage of people who volunteered in the last year, by highest level of education and age group, 2004



Source: Statistics Canada, Canada Survey of Giving, Volunteering and Participating, 2004.

Chart 4.4.7
Percentage of people who volunteered in the past year, by age group and frequency of attendance at religious services, 2004

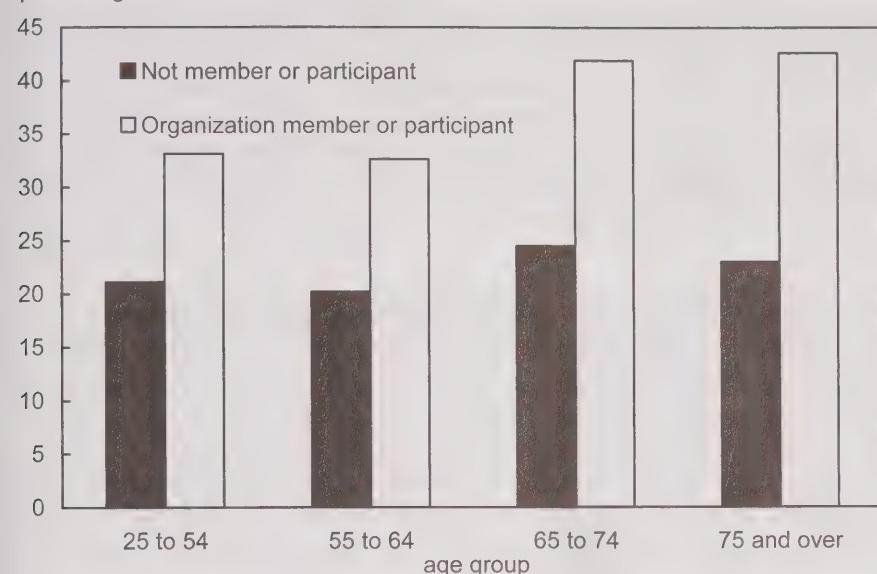


Source: Statistics Canada, Canada Survey of Giving, Volunteering and Participating, 2004.

Chart 4.4.8

Percent of people who reported they have six close friends or more, by age group and organizational involvement, 2003

percentage

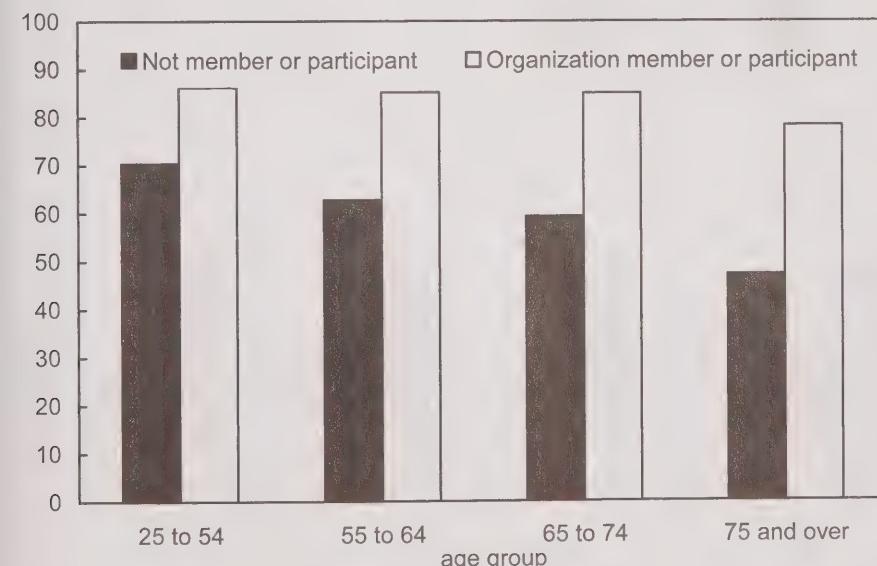


Source: Statistics Canada, General Social Survey, 2003.

Chart 4.4.9

Percent of people with six or more other friends, by age group and organizational involvement, 2003

percentage

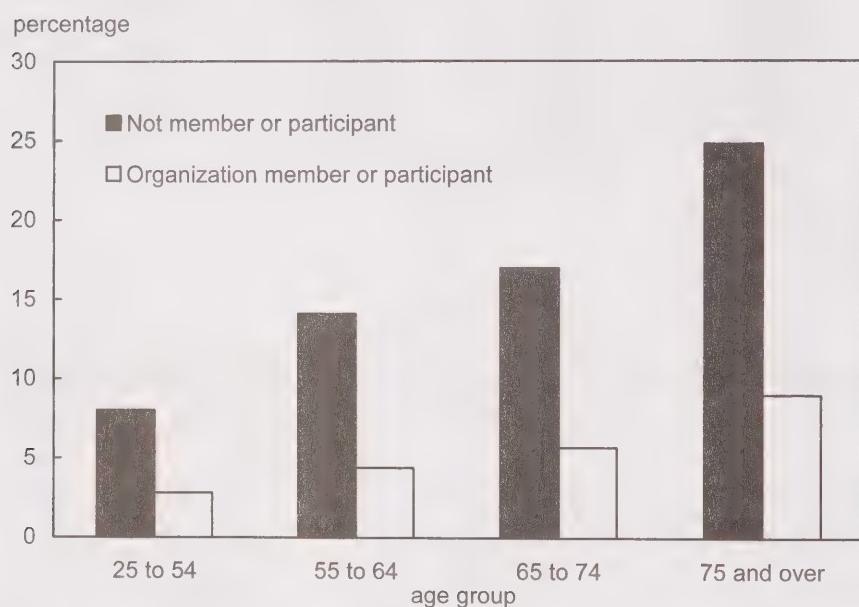


Source: Statistics Canada, General Social Survey, 2003.

And among seniors aged 75 or older, only 9% of those who were members of or participants in an organization, compared to 25% of those who were not, said they had no close friends (Chart 4.4.10).

Volunteering is also strongly associated with social connectedness. For example in 2003, only 5% of seniors who had done unpaid volunteer work did not have any close friends. Among seniors who did not volunteer in the previous 12 months, that proportion was more than 3 times greater (at 17%). Many factors can influence the likelihood of having no close friends (for instance, one's health or place of residence). It is also possible that seniors with more friends are also more likely to get involved in organizations or to volunteer. However, as the data suggest, participating in organizations or volunteering might be an occasion for seniors to make new friends.

Chart 4.4.10
Percent of people who reported that they don't have any close friends, by age group and organizational involvement, 2003



Source: Statistics Canada, General Social Survey, 2003.

4.5 Political participation

For many citizens, active participation in society is synonymous with political action. Seniors are no exception. By taking part in the political debate, seniors can bring to the attention of public officials issues important to their well-being and to their communities. By exercising their right to vote, they may induce political parties to consider their needs in the formulation of social programs. A common view among political scientists is that "to the extent that citizen activity provides a critical channel for the expression of preferences, those who are less active pay a price in terms of representation" (Verba, Burns and Scholzman, 1997). Are seniors more or less likely than other age groups to participate in politics? When they participate, do they choose certain forms of political action rather than others? In this Chapter, information is provided on the various types of political activities in which older persons take part.

“Passive” political participation

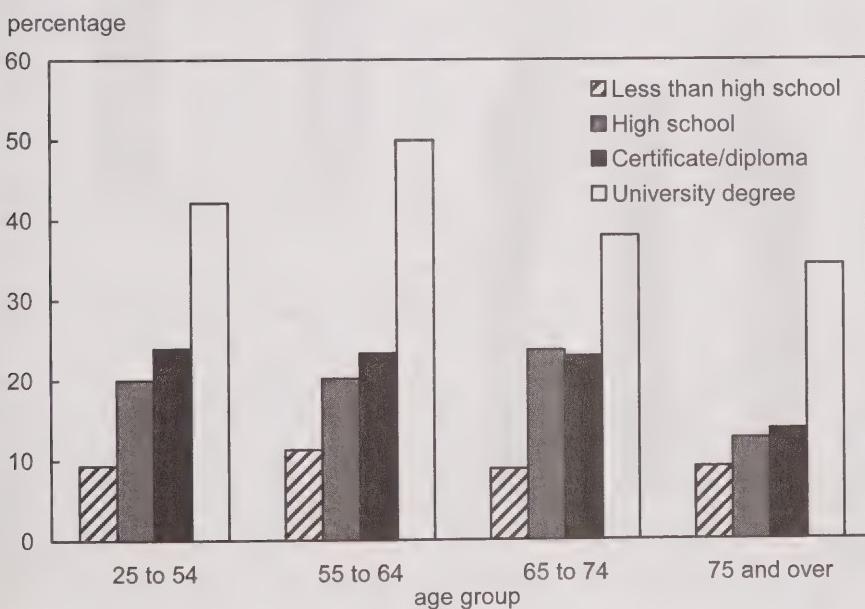
One of the factors associated with active political involvement is, not surprisingly, interest in politics: this is itself influenced by many other factors like literacy skills and other personal resources (Verba, Scholzman and Brady, 1995). Individuals who report that they have searched for information on a political issue (or possibly many issues) in the last year will not necessarily be active politically; however, they are probably more interested in politics than the average person.

In 2003, seniors were less likely to have searched for information on a political issue than 25- to 54-year-olds (17 and 26% respectively) (Table 4.5.1). This was particularly the case among those aged 75 and over, who were only half as likely as those in the 25 to 54 age group to have sought out information.

Searching for information on a political issue is strongly associated with a person’s level of education. The fact that the average level of educational attainment is lower among seniors helps to explain the gap between them and their younger counterparts. As a matter of fact, when level of education is taken into account, the differences between seniors and non-seniors become almost nonexistent. For instance, among seniors who did not complete high school, the proportion of those who searched for information on a political issue was the same as that among 25- to 54-year-olds with the same level of education (9%) (Chart 4.5.1). Likewise, among those with a university degree, persons aged 65 to 74 were almost as likely to have searched information on a political issue as those aged 25 to 54 (38% versus 42%).

Chart 4.5.1

Percentage of people who searched for information on a political issue in the past year, by age group and level of education, 2003



Source: Statistics Canada, General Social Survey, 2003.

Interest in political and social issues can manifest itself in many ways, for example by following news and current affairs on a regular basis. In 2003, the great majority of seniors (89%) reported that they followed news and current affairs *daily*. This was the case for 68% of individuals in the 25 to 54 age

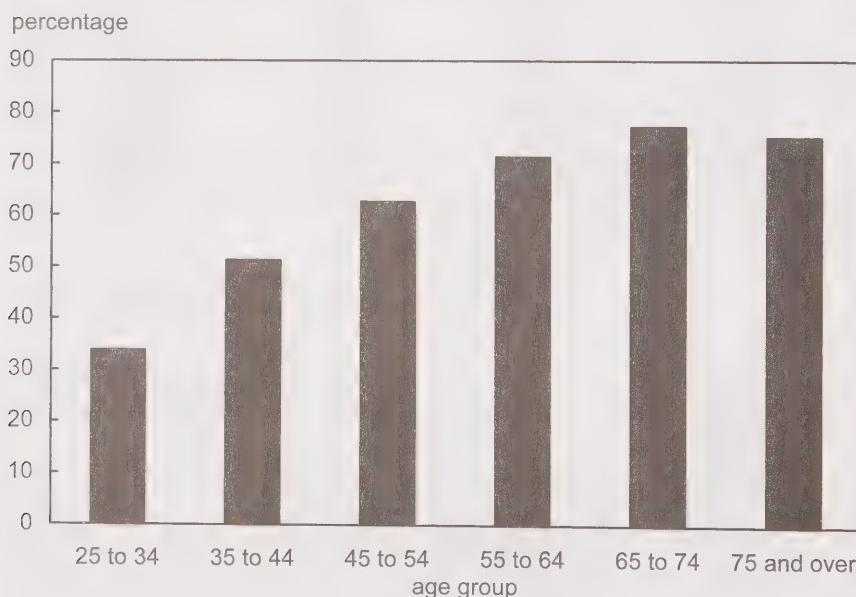
range. Interest in the news is also related to education, as those with a higher level of education are more likely to keep up with the news every day. However, seniors at every level of educational attainment were more likely to report following the news daily than their younger counterparts. For example, 85% of seniors aged 65 to 74 who had not completed high school were up-to-date with the latest news, compared with 74% of adults between 25 and 54 who had completed a university degree.

"Active" forms of political participation

Seniors are more likely to vote, at all levels of government, than younger persons. In 2003, close to nine out of ten persons aged 65 and over said that they had voted in the last federal election, while this was the case for about seven out of ten 25- to 54-year-olds. The same patterns were apparent for provincial and municipal elections.

Like the rest of the population, seniors are least likely to vote in municipal elections. However, they are significantly more likely to be regular voters, that is to vote every time they have the opportunity to exercise their right. For example in 2003, the share of seniors who said that they had voted in each of the last three elections (federal, provincial and municipal) was over twice as great as that of persons in the 25 to 34 age range (Chart 4.5.2). More precisely, 77% of seniors aged between 65 and 74 said that they had voted in the last federal, provincial and municipal elections, compared to only 34% of those aged 25 to 34.

Chart 4.5.2
Percentage of people who voted in the last federal, provincial and municipal elections, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

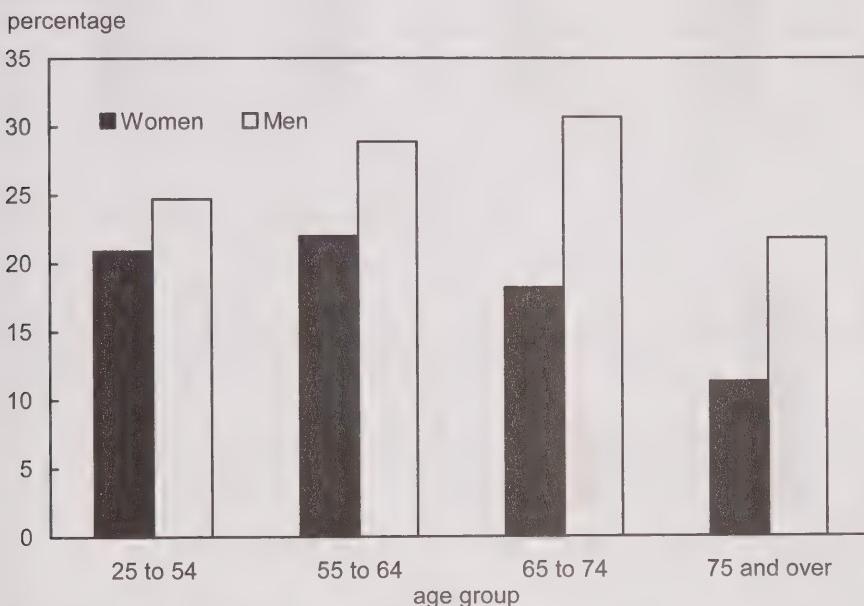
Turning to other types of political activities, seniors, and particularly those aged 75 and over, are somewhat less likely to sign a petition, to boycott or to choose a product for ethical reasons, and to participate in a demonstration or a march. However with regards to non-voting political participation, younger seniors between 65 and 74 are somewhat different than "older" seniors aged 75 and over. For

instance in 2003, the share of younger seniors who expressed their views by contacting a newspaper or a politician was no different than the share of 25- to 54-year-olds (14% and 13% respectively). However, younger seniors were much more likely than older seniors to do so (Table 4.5.1). Also, the share of younger seniors who attended a public meeting was significantly higher than that of older seniors, while not very different than the proportions reported by younger age groups.

Senior men and women are also somewhat different in terms of their political participation. For example in all age groups, men are more likely than women to attend public meetings and to contact newspapers or politicians to express their views (Charts 4.5.3 and 4.5.4). This difference is particularly large in older age groups. However, senior men are no more likely than senior women to vote and to sign petitions.

Chart 4.5.3

Percentage of people who attended a public meeting in the past 12 months, by age group and sex, 2003



Source: Statistics Canada, General Social Survey, 2003.

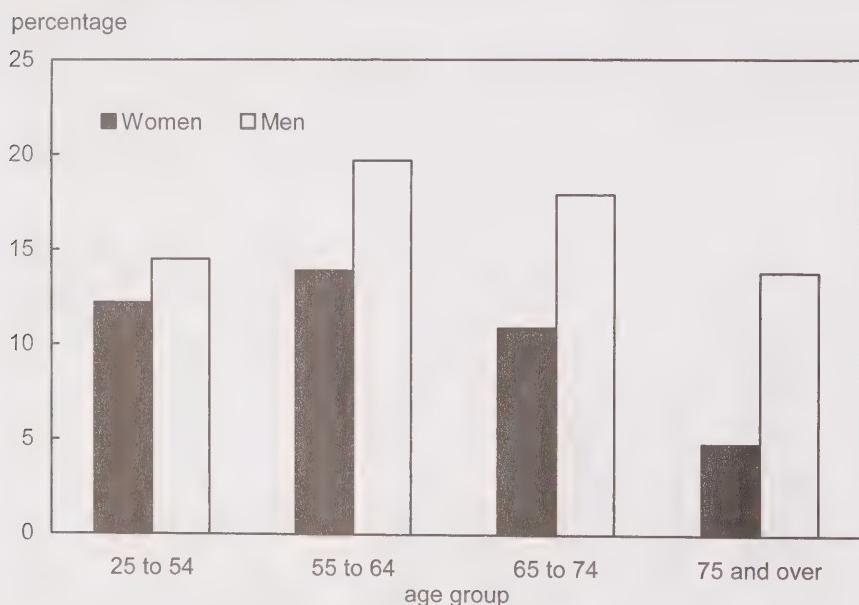
As mentioned above, interest in politics is strongly correlated with active participation. Those who follow news on a daily basis and who have searched for information on a political issue in the last year can be considered to be highly interested in political and social issues. According to this definition in 2003, about 19% of senior men and 13% of senior women could be defined as very interested in political and social issues. Of those seniors aged between 65 and 74 who were highly interested in politics, 78% took part in at least one type of non-voting political behaviour, compared to 33% of those who were less interested in politics.

Political participation and social life

Political participation, like participation in organizations, is another way of meeting new people and developing social ties. In 2003, General Social Survey respondents were asked if, in the last month, they had met at least one new person with whom they intended to stay in contact (excluding new people met at work or school). In all age groups, those who took part in at least one political activity (other than voting) were more likely to have met a new person in the last month (Chart 4.5.5). This was particularly the case among 65- to 74-year-olds. In that age group, 43% of those who had been engaged politically also said they had met one or more new persons in the last month, more than twice the proportion of seniors in the same age range (21%) who had not participated in any political activity.

Chart 4.5.4

Percentage of people who expressed their views on an issue by contacting a newspaper or a politician, by age group and sex, 2003



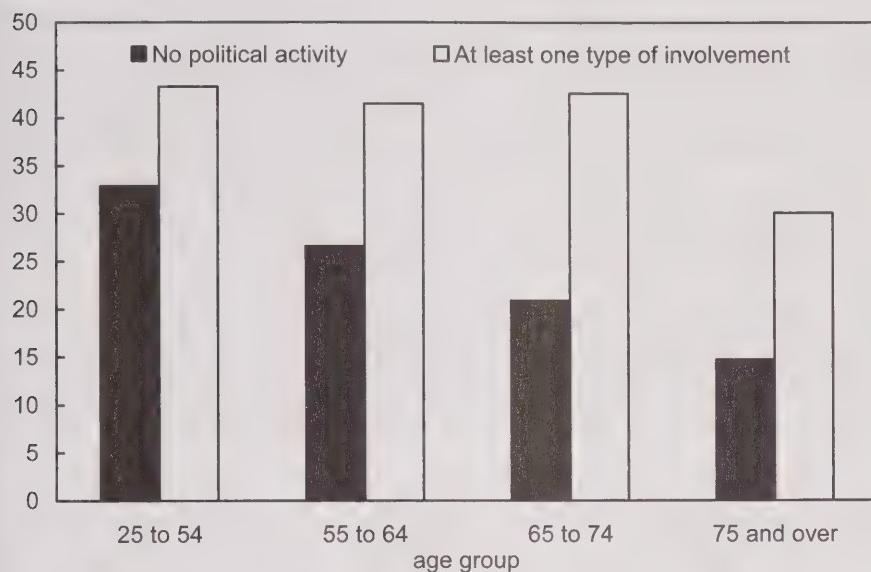
Source: Statistics Canada, General Social Survey, 2003.

Participation in political activity, and particularly attendance at public meetings, might also contribute to reinforcing neighbourhood ties (although strong neighbourhood ties might also foster participation in political activity). In 2003, those who had participated in a public meeting during the last year were significantly more likely to have received or given a favour from or to a neighbour than those who had not attended a public meeting (Chart 4.5.6).¹² This was true of all age groups. It is however, impossible to draw a causal relationship between these two factors, since those who are more integrated into their communities (and more likely to help their neighbours) might also be more likely to participate in public meetings. However, the relationship appeared to be quite robust.¹³

Chart 4.5.5

Percentage of persons who, in the last month, met a new person they expect to stay in touch with, by age group and political participation, 2003

percentage

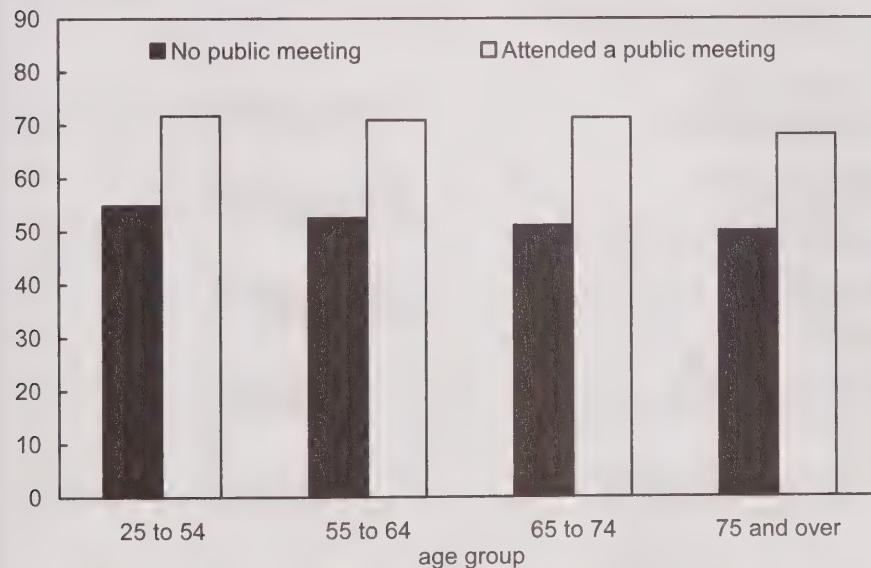


Source: Statistics Canada, General Social Survey, 2003.

Chart 4.5.6

Percent of people who reported that a neighbour had done a favour for them, by age group and public meeting attendance, 2003

percentage



Source: Statistics Canada General Social Survey, 2003.

4.6 Trust and sense of belonging

Trust in institutions

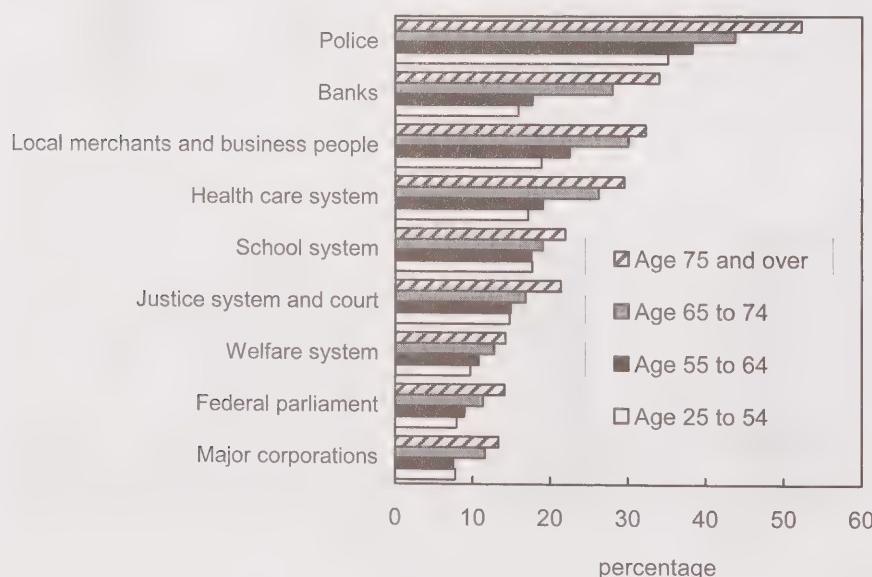
Confidence is an positive ingredient in many aspects of social life. It is widely recognized, for example, that the confidence that people, investors, consumers and entrepreneurs have in the market is critical to the health and stability of the economy (trust in the value of money, positive expectations and confidence about future economic conditions, and so on). Confidence in the democratic system and its institutions is also viewed as a key factor for its viability; if citizens don't have confidence in public institutions, than the government's legitimacy and capacity to act might be jeopardized. Declining levels of trust in public and private institutions have been a concern in the recent years. Are seniors more or less likely than younger persons to trust the various institutions in the society?

In 2003, GSS respondents were asked about the level of confidence they have in various institutions.¹⁴ Seniors provided their most favourable assessment of the police, with 47% of them saying they have "a great deal" of confidence in the men and women in blue (Chart 4.6.1). Among 25- to 54-year-olds, the police were also the institution in which the greatest proportion of respondents had a great deal of confidence (35%).

Seniors also had a relatively positive assessment of banks, especially when compared with the somewhat less positive attitudes of 25- to 54-year-olds. About 34% of seniors aged 75 and over said that they have a "great deal" of confidence in banks, more than twice the proportion of individuals in the 25 to 54 age range (16%).

Chart 4.6.1

Percentage of people who report they have "a great deal" of confidence in selected institutions, by age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

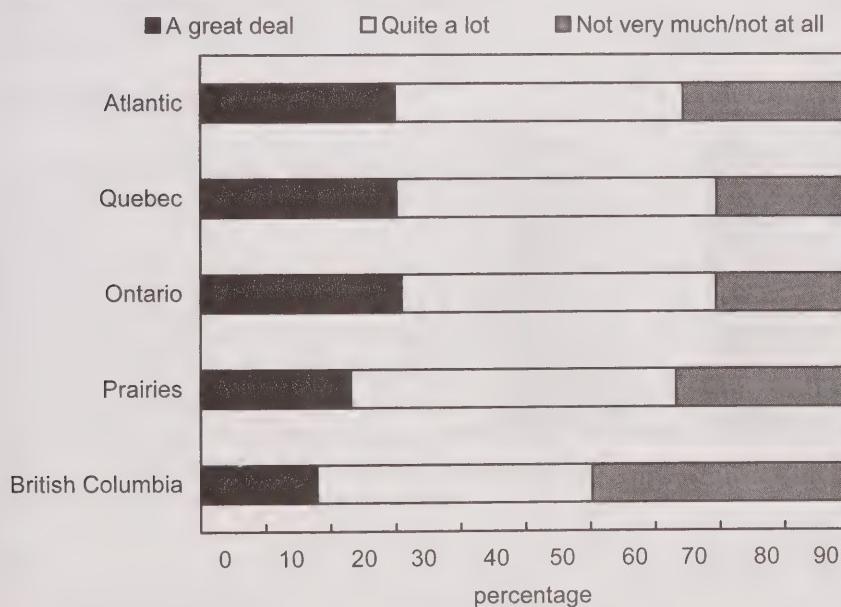
The difference between seniors and their younger counterparts in the extent to which they trusted the health care system was also significant. In 2002, some 30% of seniors aged 75 and over said they had a great deal of confidence in it, compared to 17% of those in the 25 to 54 age range. That said, most respondents reported that they either had "quite a lot" or "a great deal" of confidence in the health care system (see Table 4.6.1).

The level of trust expressed toward the school system, the welfare system and the justice system (including the courts) varied less between age groups. For example, the proportion of seniors aged between 65 and 74 who expressed a great deal of confidence in the school system was not statistically different from the proportion of 25- to 54-year-olds.

Finally, seniors and their younger counterparts are not very different in the extent to which they trust the federal parliament. Even though seniors are significantly more likely to vote than younger persons (especially young adults), only 11% of individuals aged between 65 and 74 expressed a great deal of confidence in Parliament, compared to 8% of those in the 25 to 54 age range. In fact, overall, a majority of seniors and non-seniors reported that they had "not very much confidence" or "no confidence at all" in the Federal Parliament (see Table 4.6.1).

For many seniors, the health care system is the one institution with which they have the most interactions and that is most likely to influence their day to day life. While some three-quarters of seniors said that they had quite a lot or a great deal of confidence in the health care system, that level of confidence varied across the provinces (Chart 4.6.2). Seniors living in Québec and Ontario were most positive, with about four out of five seniors reporting having a great deal or quite a lot of confidence in it. In contrast, seniors in B.C. were much less confident; about 40% of them reported that they had "not very much" or "no confidence at all" in the health care system.

Chart 4.6.2
Level of confidence expressed by seniors toward the health care system, by region, 2003



Source: Statistics Canada, General Social Survey, 2003.

Trust toward other persons

In recent years, there have been many discussions among social commentators, social science researchers, and policy analysts about the concept of trust. The basic idea is that in a society in which people trust each other (within reasonable limits since not everybody can be trusted), the transaction costs of the various aspects of social and economic life are dramatically reduced.

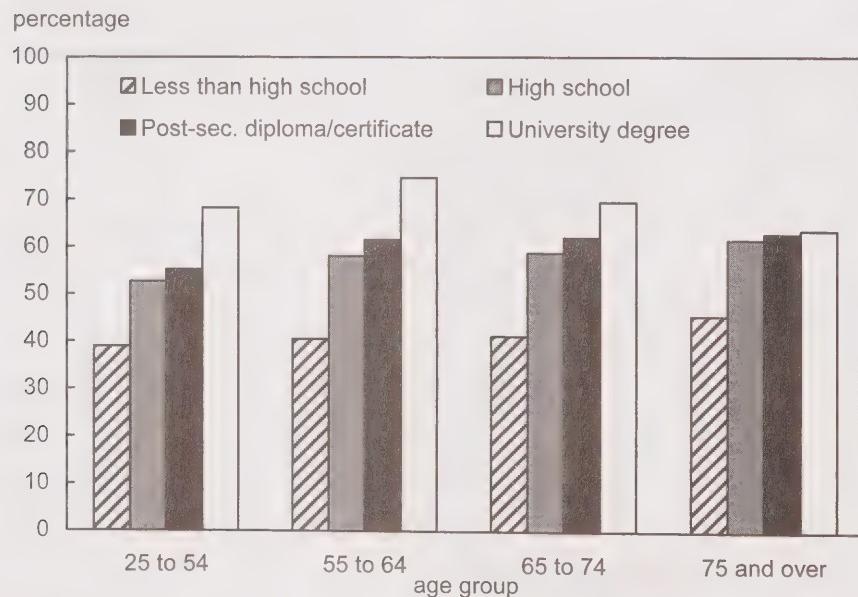
Respondents were asked: *generally speaking, would you say that most people can be trusted or that you cannot be too careful in dealing with people?*

Overall, some 56% of all adult Canadians aged 25 and over believed that most people could be trusted. This proportion did not vary significantly with age. More precisely, some 56% of individuals in the 25 to 54 age range reported that most people could be trusted, compared to 53% of seniors aged between 65 and 74 and 54% of those aged 75 and older.

The level of trust expressed varied significantly with a person's level of education (Chart 4.6.3). Those whose highest level of education was less than high school were least likely to believe that most people could be trusted. For instance, in the 65 to 75 age range, 41% of seniors with less than high school believed that most people could be trusted; the remainder said that you cannot be too careful when dealing with people. In contrast, some 70% of seniors the same age but with a university degree reported that most people could be trusted.

Chart 4.6.3

Percentage of people reporting that most people could be trusted, by level of education and age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

The level of trust expressed toward family members and that expressed toward strangers is, obviously, not the same. However seniors are, in both cases, more likely to report having a trusting attitude. In 2003, some 87% of seniors aged between 65 and 74, and 91% of those aged 75 and over, said that

they placed a great deal of trust in the people in their family. In contrast, this was the case for 81% of 25- to 54-year-olds.

Very few individuals are likely to report that strangers can be trusted “a lot”. Only 1% of 25- to 54 year-olds, but 6% of seniors aged 75 and over, thought so. Meanwhile seniors aged between 65 and 74 fall in between the two categories, at 3%.

Trust toward neighbours

People spend a significant amount of their lives in their neighbourhoods, and the extent to which they trust their neighbours can have a significant impact on their quality of life.

In neighbourhoods where people trust each others, residents can be less worried about walking after dark, parents can be more inclined to let their children go out and play without an adult, and so on.

The proportion of seniors who said that they trusted their neighbours was significantly higher than that of their younger counterparts.

First, 56% of seniors aged 75 and over said that their neighbours could be trusted “a lot”, compared to 24% of individuals in the 25 to 54 age range. To measure confidence in neighbours and other people in general, respondents were also asked: “If you lost a wallet or purse that contained two hundred dollars, how likely is it to be returned with the money in it if it was found by someone who lives close by?” The possible responses were “very likely”, “somewhat likely” or “not at all likely”. Some 58% of seniors aged between 65 and 74, and 61% of those aged 75 and over, believed it “very likely” that it would be returned, compared to 45% of 25- to 54-year-olds.

Individuals who trusted their neighbours were more likely than others to feel safe from crime if they went walking alone in their area after dark. For example, some 55% of seniors aged 75 and over who said that they trusted most of people in their neighbourhood also reported that they felt reasonably or very safe walking in their area after dark (Chart 4.6.4). In contrast, 35% of seniors aged 75 and over who said that they could not trust most people would feel safe.

Sense of belonging

As illustrated in Chart 4.6.5 seniors are more likely than younger persons to report that they have a very strong sense of belonging to their local community, to their province, and to Canada.

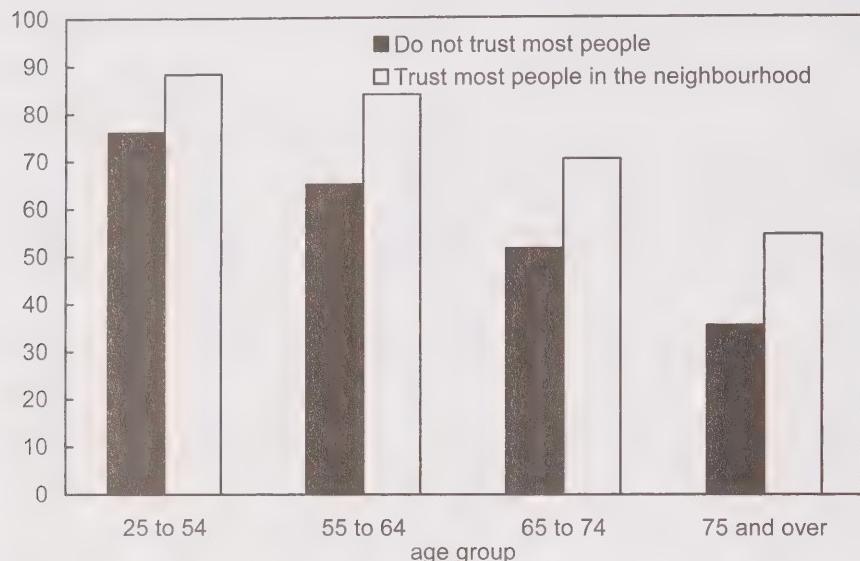
It may be the case that younger people have always been less likely than older individuals to feel a strong sense of belonging, and in this respect, today's youth may be no different from previous generations. Alternatively, the association shown in Chart 4.6.5 may reflect generational differences, meaning that today's youth really are less likely to feel a sense of belonging and will continue to feel this way as they get older. A third hypothesis could be that individuals who have a weak sense of belonging to Canada, their province or their local community might be more inclined to leave than those with a greater sense of belonging, meaning that seniors who had weak sense of belonging when they when were younger had already left.

The association between age and the sense of belonging to the local community was apparent in all regions (Chart 4.6.6). However seniors residing in the various regions were not as likely to report a very strong sense of belonging. In 2003, 39% of seniors aged between 65 and 74 and living in the Atlantic Provinces described their sense of belonging to their local community as very strong, compared to 26% of seniors the same age but living in British Columbia.

Chart 4.6.4

Percentage of people who report that they feel reasonably safe or very safe walking after dark in their neighbourhood, by level of trust toward people in their neighbourhood and age group, 2003

percentage

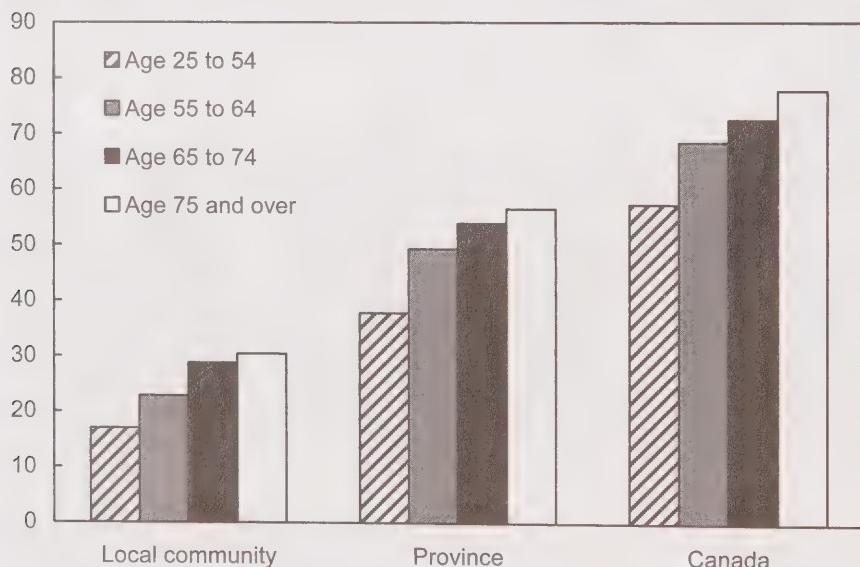


Source: Statistics Canada, General Social Survey, 2003.

Chart 4.6.5

Percentage of people who describe their sense of belonging to their local community, to their province or to Canada as very strong, by age group, 2003

percentage

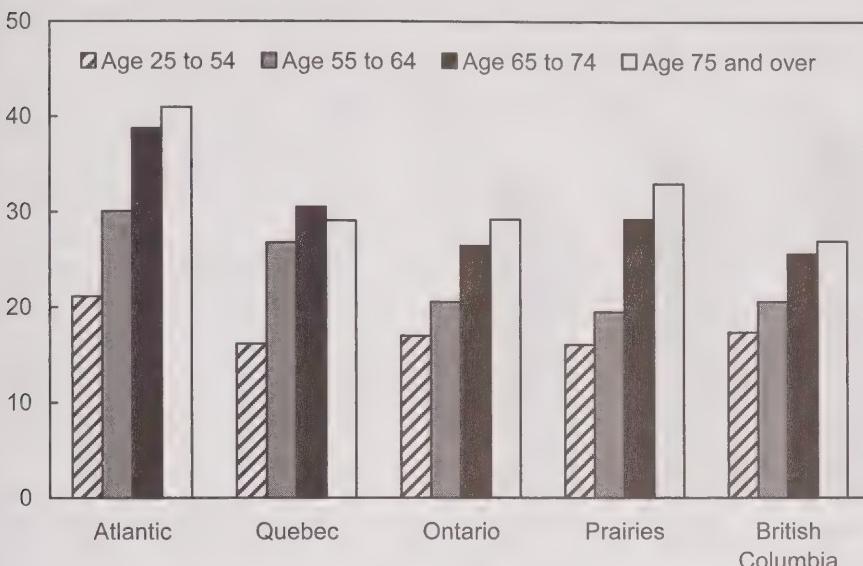


Source: Statistics Canada, General Social Survey, 2003.

Chart 4.6.6

Percentage of people who describe their sense of belonging to their local community as very strong, by age group and province of residence, 2003

percentage

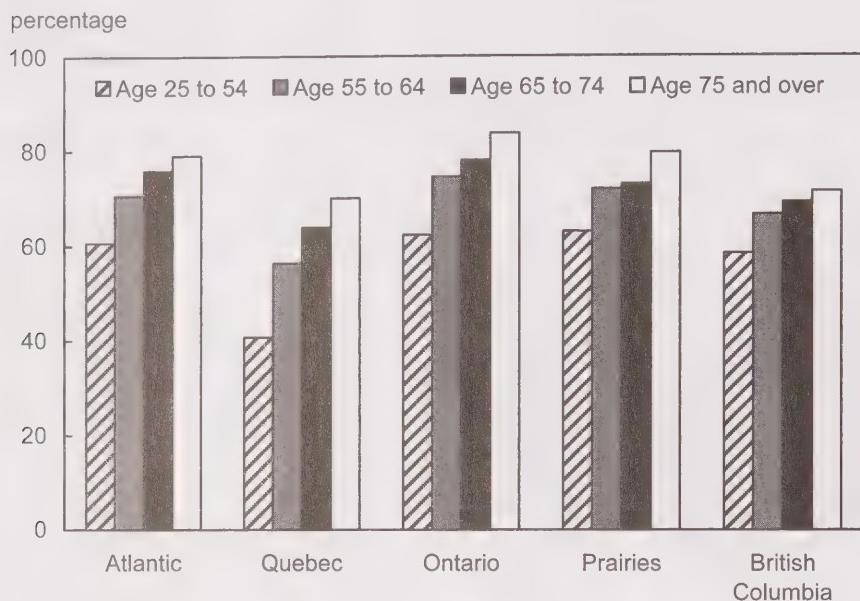


Source: Statistics Canada, General Social Survey, 2003.

Seniors living in Ontario were especially attached to Canada. Some 84% of those aged 75 and over described their sense of belonging to their country as very strong. In contrast, only 70% of seniors aged 75 and over living in Québec and 71% of those living in British Columbia expressed such a strong sentiment. It should be noted however that the difference between seniors living in Québec and those living in other provinces was much smaller than the difference between younger individuals living Québec and those in other regions.

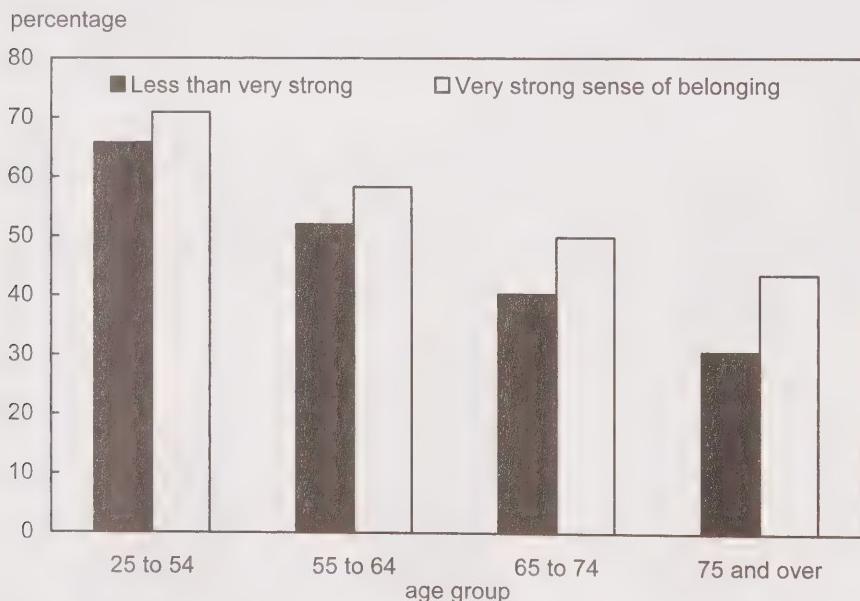
Sense of belonging to the local community has been identified, in recent years, as a significant correlate of health (Shields, 2005).¹⁵ This appears to be the case for seniors, as well as for younger persons (Chart 4.6.8). In 2003, about 44% of seniors aged 75 and over who reported that they had a strong sense of belonging to their local community also said that their health was very good or excellent, compared to 31% of those who said that their sense of belonging was weak or not very strong.

Chart 4.6.7
Percentage of people who describe their sense of belonging to Canada as very strong, by age group and region of residence, 2003



Source: Statistics Canada, General Social Survey, 2003.

Chart 4.6.8
Percentage of people who report being in excellent or very good health, by sense of belonging to their local community and age group, 2003



Source: Statistics Canada, General Social Survey, 2003.

Chapter 4 Tables

Table 4.1.1

Living arrangements of seniors, by age group, 1981 to 2001

	Seniors aged											
	65 to 74			75 to 84			85 and over			65 and over		
	1981	1991	2001	1981	1991	2001	1981	1991	2001	1981	1991	2001
percent												
Institutional	3.4	3.0	2.2	12.2	10.9	8.2	37.5	37.4	31.6	8.8	8.5	7.4
Spouse	50.9	53.3	54.4	33.6	37.3	39.9	12.7	13.6	16.2	42.7	44.8	45.4
Children or grandchildren	17.8	16.3	18.9	17.0	12.8	16.0	21.1	15.1	15.8	17.9	15.1	17.6
Alone	21.7	21.7	21.5	30.0	32.6	33.0	22.4	27.6	33.7	24.2	25.6	26.7
Others	6.2	5.7	2.9	7.2	6.5	2.8	6.3	6.3	2.6	6.5	6.0	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Sources: Statistics Canada, Censuses of Population.

Table 4.1.2

Living arrangements of seniors, by age group and sex, 2001

	Seniors aged									
	65 to 74			75 to 84			85 and over			Total
	Men	Women	Total	Men	Women	Total	Men	Women	Total	
percent										
Institutional	2.1	2.3	2.2	6.2	9.6	8.2	22.6	35.4	31.6	
Spouse	62.9	46.9	54.4	59.3	27.0	39.9	38.1	6.9	16.2	
Children or grandchildren	18.2	19.6	18.9	13.7	17.6	16.0	14.2	16.5	15.8	
Alone	14.0	28.2	21.5	18.3	42.8	33.0	22.7	38.5	33.7	
Others	2.8	3.0	2.9	2.6	3.0	2.8	2.4	2.8	2.6	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

Source: Statistics Canada, 2001 Census of Canada.

Table 4.1.3
Marital status, by age group, 1981 and 2001

	Divorced		Married or common-law		Separated		Never married		Widowed	
	1981	2001	1981	2001	1981	2001	1981	2001	1981	2001
	percent									
All seniors										
Age 25 to 54	3.9	6.1	79.0	71.1	3.4	3.3	12.4	18.8	1.3	0.8
Age 55 to 64	3.3	9.6	76.9	76.0	2.7	2.8	6.8	5.7	10.3	6.0
Age 65 to 74	2.1	6.5	63.9	68.1	2.2	2.2	8.1	5.2	23.8	18.0
Age 75 to 84	1.1	3.5	44.1	50.7	1.4	1.5	9.0	5.5	44.4	38.8
Age 85 and over	0.5	1.9	24.6	28.3	0.8	0.9	8.7	6.7	65.3	62.3
Age 65 and over	1.7	5.1	56.1	59.1	1.9	1.9	8.4	5.4	32.0	28.6
Women										
Age 25 to 54	4.7	7.2	79.1	71.9	3.9	3.9	10.1	15.9	2.2	1.2
Age 55 to 64	3.6	11.2	70.6	70.7	2.7	2.9	6.4	5.5	16.6	9.7
Age 65 to 74	2.0	7.3	50.5	57.4	2.0	2.2	8.6	5.0	36.8	28.2
Age 75 to 84	1.0	3.7	26.6	34.6	1.1	1.3	9.8	5.8	61.6	54.6
Age 85 and over	0.4	2.0	9.7	12.9	0.5	0.6	9.8	7.5	79.6	77.1
Age 65 and over	1.6	5.5	40.8	45.1	1.6	1.7	9.0	5.5	46.9	42.2
Men										
Age 25 to 54	3.1	4.9	78.9	70.2	3.0	2.7	14.6	21.9	0.4	0.3
Age 55 to 64	3.1	7.9	83.7	81.4	2.7	2.7	7.3	6.0	3.3	2.1
Age 65 to 74	2.1	5.6	79.9	80.2	2.4	2.3	7.4	5.4	8.2	6.6
Age 75 to 84	1.3	3.2	69.4	73.9	1.9	1.9	7.9	5.1	19.5	16.0
Age 85 and over	0.8	1.7	50.1	58.6	1.3	1.6	6.9	4.9	40.9	33.3
Age 65 and over	1.8	4.6	75.7	76.9	2.2	2.1	7.5	5.3	12.8	11.2

Sources: Statistics Canada, Censuses of Canada.

Table 4.1.4**Percentage of people living common-law, by age group and province, 2001**

	Total population aged			Of those living with a spouse aged		
	25 to 54	55 to 64	65 and over	25 to 54	55 to 64	65 and over
percent						
Canada	13.5	5.5	1.9	19.0	7.2	3.2
Newfoundland and Labrador	9.9	3.2	1.2	12.9	3.8	2.1
Prince Edward Island	9.5	2.4	1.0	12.9	3.1	1.8
Nova Scotia	11.5	4.2	1.3	15.9	5.4	2.4
New Brunswick	13.0	4.6	1.3	17.6	5.8	2.3
Quebec	25.3	8.9	3.0	36.7	12.4	5.4
Ontario	9.0	4.1	1.5	12.5	5.3	2.5
Manitoba	9.3	3.4	1.1	13.0	4.5	1.9
Saskatchewan	8.9	3.8	1.2	12.0	4.9	2.0
Alberta	10.2	4.2	1.5	14.1	5.4	2.5
British Columbia	10.3	5.1	2.0	15.0	6.7	3.3
Yukon Territory	20.5	10.9	4.1	30.5	15.8	7.7
Northwest Territories	23.2	10.4	6.3	32.5	15.3	13.3
Nunavut	27.9	6.8	2.3	39.1	9.3	4.9

Source: Statistics Canada, 2001 Census of Canada.

Table 4.2.1**Percentage with no close friends and/or no other friends, 2003**

Age group	No close friends	No other friends	No close friends and no other friends	No new persons ¹
			percent	
25 to 54	5.2	4.8	1.4	61.9
55 to 64	8.7	6.5	2.8	65.7
65 to 74	11.0	9.0	3.7	70.6
75 and over	17.9	18.7	9.6	81.5
65 and over	14.0	13.2	6.2	75.4

1. In the last month, how many new people did you meet outside of work or school, that is people who you hadn't met before and who you intend to stay in contact with?

Source: Statistics Canada, General Social Survey, 2003.

Table 4.2.2

Social networks of seniors by type of living arrangement, 2003

	Living alone	With spouse (with or without other persons)	Other living arrangements
		percent	
No close friends	15.4	12.8	16.7
No other friends	15.7	10.8	19.2
No new persons in the last month	77.7	73.6	78.3
No close relatives	8.6	7.7	8.9
See relatives (outside people living with) weekly	47.7	42.2	40.9
Talk with relatives on the phone every day	27.7	18.8	19.7
Know most or many neighbours	45.8	52.6	44

Source: Statistics Canada, General Social Survey, 2003

Table 4.3.1

Persons who received help in the past month¹: type of help received, by age group, 2003

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
Percentage who were helped with					
Domestic work, home maintenance or outdoor work	23.6	21.2	19.6	23.3	21.2
Transportation or running errands	22.7	15.3	15.5	29.0	21.4
Helping with child care	17.5	F	F	F	F
Teaching, coaching or giving you practical advice	29.7	17.5	10.5	10.4	10.5
Giving you emotional support	42.5	32.2	27.2	28.6	27.8

1. Unpaid help you received from other people in the last month not counting those you live with. Don't count help obtained through an organization.

F too unreliable to be published

Source: Statistics Canada, General Social Survey, 2003.

Table 4.3.2

Persons who provided help in the last month¹: type of help provided, by age group, 2003

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
Percentage who helped with					
Domestic work, home maintenance or outdoor work	40.2	35.1	25.7	11.1	19.3
Transportation or running errands	48.5	41.1	33.2	18.9	26.9
Helping with child care	25.2	25.8	21.8	8.9	16.1
Teaching, coaching or giving practical advice	44.8	38.5	25.1	15.7	21.0
Giving emotional support	57.3	54.7	45.5	32.3	39.7

1. Unpaid help you provided to other people in the last month not counting those you live with.

Source: Statistics Canada, General Social Survey, 2003.

Table 4.3.3

Giving rate and distribution of donations, by age group, 2004

	Donor rate percent	Average annual donations ¹	Median annual donations ¹
		dollars	dollars
Age 25 to 54	87.7	395	120
Age 55 to 64	89.5	500	176
Age 65 to 74	87.1	525	177
Age 75 and over	86.4	646	200
Age 65 and over	86.8	572	186

1. Estimates of average and median donations are calculated for donors only.

Source: Statistics Canada, Canada Survey of Giving, Volunteering and Participating, 2004.

Table 4.3.4

Percentage of seniors who received help because of a long-term health problem, by age group and sex, 2002

	Total	Women	Men
		percent	
Age			
65 to 74	16.4	19.4	13.0
75 to 84	34.2	39.0	27.4
85 and over	60.0	63.5	53.2
Total 65 and over	26.3	31.0	20.3
Living arrangement			
Living alone	33.9	37.3	22.6
With a spouse	20.5	22.4	19.2
No partner, with other	36.5	39.1	28.9
Region			
Atlantic	39.5	46.7	30.1
Quebec	18.4	22.6	12.7
Ontario	28.4	32.8	22.8
Prairies	26.9	31.5	21.2
British Columbia	26.2	31.6	19.5
Level of education			
Age 65 to 74			
Less than high school	17.8	20.0	15.2
High school	16.8	20.4	12.4
College or university diploma	12.9	16.2	9.9
Age 75 and over			
Less than high school	39.9	45.7	30.3
High school	38.4	42.6	31.8
College or university diploma	37.2	42.0	31.3

Source: Statistics Canada, General Social Survey, 2002.

Table 4.3.5

Percentage of seniors who received care because of a long-term health problem, by presence of various health problems and age group, 2002

	Age 65 to 74	Age 75 to 84	Age 85 and over	Age 65 and over
percent				
Vision				
No problem or corrected	15.6	32.3	54.5	24.1
Problem	54.4	63.7	85.2	68.3
Hearing				
No problem or corrected	15.9	33.3	58.1	25.1
Problem	29.9	44.7	70.3	44.8
Speech				
No problem	16.0	33.4	59.2	25.6
Problem	60.0	80.4	86.0	74.5
Mobility				
No problem	12.7	24.3	41.1	17.9
Problem	60.1	68.3	81.8	69.5
Dexterity				
No problem	14.2	31.4	55.3	23.3
Problem	65.5	75.1	95.1	74.8
Sleep				
No problem	12.2	29.4	59.0	21.8
Problem	27.0	44.6	63.2	36.8
Memory				
No problem	12.2	28.1	51.0	19.6
Problem	22.8	38.7	53.3	31.1
Thinking				
No problem	13.8	30.0	49.8	21.4
Problem	32.8	44.6	61.8	40.8

Source: Statistics Canada, General Social Survey, 2002.

Table 4.3.6

Characteristics of seniors who did not receive care, of those who had unmet caregiving needs, and of those who received care, 2002

	No care received because of long-term health condition	Care needed for long term condition but not received	Care received because of a long-term health condition
Average age	73.2	75.0	78.4
Average health utility index (1 indicates good health and 0 poor health)	0.85	0.67	0.58
Percent in excellent, very good or good health (compared to other persons of their age)	92.1	77.7	71.1
Percent usually free of pain or discomfort	73.1	45.8	45.8

Source: Statistics Canada, General Social Survey, 2002.

Table 4.3.7

Seniors who received care because of a long-term health problem: type of care received, by sex and age group, 2002

	Meal preparation and clean-up, house cleaning or laundry and sewing	House maintenance or outdoor work	Shopping or transportation or banking or bill paying	Personal care ¹
percent				
Total				
Age 65 to 74	7.6	9.2	5.3	5.9
Age 75 to 84	19.1	18.5	13.9	13.0
Age 85 and over	38.7	28.4	39.4	35.8
Age 65 and over	14.3	14.0	11.0	10.9
Women				
Age 65 to 74	10.1	10.7	6.3	6.4
Age 75 to 84	23.0	19.5	18.1	14.7
Age 85 and over	43.5	29.5	43.6	38.5
Age 65 and over	18.2	15.8	14.4	12.7
Men				
Age 65 to 74	4.9	7.4	4.1	5.4
Age 75 to 84	13.5	16.9	7.9	10.5
Age 85 and over	29.3	26.3	31.1	30.5
Age 65 and over	9.3	11.7	7.1	8.7

1. Such as assistance with bathing, toileting, care of toenails/finger nails, brushing teeth, shampooing and hair care or dressing.

Source: Statistics Canada, General Social Survey, 2002.

Table 4.3.8

Seniors who received care because of a long-term health problem: informal and formal sources of help, 2002

	Only informal	Only formal	Formal and informal	Total informal	Total formal
percent					
Age					
65 to 74	53.2	27.6	19.2	72.4	46.8
75 to 84	41.0	30.6	28.4	69.4	59.0
85 and over	39.7	23.1	37.2	76.9	60.3
65 and over	45.1	28	26.9	72.0	54.9
Living arrangement					
Living alone	36.1	32.6	31.3	67.4	63.9
With a spouse	48.5	28.4	23.1	71.6	51.6
No partner, with other	59.7	13.7	26.6	86.3	40.3
Region					
Atlantic	46.3	22.6	31.1	77.4	53.7
Quebec	54.4	20.9	24.7	79.1	45.6
Ontario	40.2	32.5	27.4	67.5	59.9
Prairies	46.8	28.9	24.4	71.1	53.2
British Columbia	45.3	27.4	27.4	72.6	54.8
Level of education					
Less than high school	52.1	22.0	25.9	78.0	47.9
High school	40.2	33.3	26.5	66.7	59.8
College or university diploma	35.2	36.7	28.1	63.3	64.9
Place of residence					
CMA 1+ million	44.4	29.0	26.6	71.0	55.6
CMA 0.5 to 1 million	46.0	26.6	27.5	73.5	54.0
CMA 499,999 and less	42.5	29.3	28.2	70.7	57.5
CA 50,000 and over	43.8	32.7	23.5	67.3	56.2
CA less than 49,999	45.8	25.0	29.3	75.1	54.2
Urban area outside CMA/CA	46.7	26.9	26.4	73.1	53.3
Rural area outside CMA/CA	48.6	24.1	27.3	75.9	51.4

Source: Statistics Canada, General Social Survey, 2002.

Table 4.3.9

Seniors who received help because of a long-term health problem: social networks characteristics and informal/formal sources of help, 2002

	Only informal	Only formal	Formal and informal	Total informal	Total formal
percent					
Number of children ever raised and still alive					
0	29.5	47.2	23.4	52.8	70.6
1	37.5	35.2	27.3	64.8	62.6
2	41.5	32.0	26.5	68.0	58.5
3	40.8	35.1	24.1	64.9	59.2
4	46.0	31.3	22.7	68.7	54.0
5	50.3	27.5	22.2	72.5	49.7
6 and more	60.3	19.3	20.5	80.7	39.8
Number of sons ever raised and still alive					
0	35.7	39.5	24.8	60.5	64.3
1	41.8	32.6	25.6	67.4	58.2
2	46.4	31.4	22.3	68.7	53.6
3	50.9	28.1	21.1	71.9	49.1
4 or more	52.4	22.1	25.5	77.9	47.6
Number of daughters ever raised and still alive					
0	35.6	39.0	25.4	61.0	64.4
1	40.7	33.8	25.5	66.2	59.3
2	47.0	29.5	23.6	70.6	53.1
3	50.4	28.5	21.2	71.6	49.6
4 or more	57.1	22.2	20.8	77.8	42.9
Number of siblings still alive					
0	32.2	36.6	31.2	63.5	67.8
1	40.1	34.8	25.1	65.2	59.9
2	43.5	32.5	24.0	67.5	56.5
3	48.8	29.5	21.7	70.5	51.2
4	53.9	27.1	19.0	72.9	46.1
5 and more	50.8	30.3	18.9	69.7	49.2
Presence of close friends					
At least one close friend	42.1	33.8	24.0	66.2	57.9
No close friend	49.9	27.6	22.5	72.4	50.1

Source: Statistics Canada, General Social Survey, 2002.

Table 4.4.1

Percentage who were members or participants in an organization in the past 12 months, by age group and type of organization, 2003

	Political party or group	Sports or recreation organization	Cultural, education or hobby organization	Religious affiliated group	A school group, neighbourhood, civic or community association	Service club or fraternal organization	Other groups	At least one organization
percent								
Total aged								
25 to 54	4.2	30.1	17.1	15.5	17.1	6.5	5.6	54.3
55 to 64	7.2	22.0	21.5	20.3	14.4	12.5	7.7	55.5
65 to 74	6.1	20.6	19.0	23.4	12.0	15.9	7.9	54.4
75 and over	5.6	12.4	13.9	21.1	7.5	14.4	5.6	45.9
65 and over	5.8	17.0	16.8	22.4	10.1	15.3	6.9	50.6
Women aged								
25 to 54	3.6	26.2	18.6	17.9	20.2	5.4	6.7	54.1
55 to 64	6.1	19.7	24.3	22.9	14.9	10.1	8.4	54.8
65 to 74	3.9	18.6	19.8	25.0	11.3	11.9	9.1	52.6
75 and over	3.1	10.2	14.1	22.0	7.1	9.3	5.1	41.9
65 and over	3.5	14.6	17.2	23.6	9.3	10.6	7.2	47.5
Men aged								
25 to 54	4.7	34.0	15.7	13.1	14.1	7.6	4.4	54.6
55 to 64	8.3	24.3	18.5	17.6	13.8	14.9	6.9	56.2
65 to 74	8.4	22.8	18.1	21.6	12.9	20.5	6.6	56.3
75 and over	9.3	15.7	13.5	19.7	8.2	22.1	6.4	52.0
65 and over	8.8	20	16.3	20.8	11	21.1	6.5	54.6

Source: Statistics Canada, General Social Survey, 2003.

Table 4.4.2

Volunteer rate and distribution of volunteer hours, by age group, 2004

Age group	Volunteer rate	Average annual volunteer hours ¹	Median annual volunteer hours ¹
		percent	
25 to 54	46.6	156	60
55 to 64	42.4	202	80
65 to 74	38.7	250	120
75 and over	22.8	234	102
65 and over	32.4	245	119

1. Estimates of average and median age volunteer hours are calculated for volunteers only.

Source: Statistics Canada, Canada Survey of Giving, Volunteering and Participating, 2004.

Table 4.4.3**Reasons reported by non-volunteers for not volunteering, by age group, 2004**

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over
percent				
Health problems or physically unable	16.9	35.4	51.8	71.5
Gave money instead of time	50.1	59.5	51.6	55.3
Unable to make a long-term commitment	60.1	63.5	51.5	52.2
Did not have time	77.3	62.1	37.6	25.6
Gave enough time already	12.4	15.9	25.8	27.1
No one asked you	42.1	34.3	25.7	20.3
Had no interest	21.6	22.4	24.4	19.0
Financial cost of volunteering	15.5	16.5	14.7	9.6
Did not know how to get involved	22.6	15.1	11.7	7.9
Dissatisfied with a previous volunteering experience	5.9	6.2	5.8	5.3

Source: Statistics Canada, Canada Survey of Giving, Volunteering and Participating, 2004.

Table 4.5.1**Percentage of people who took part in political activity, by age group, 2003**

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent					
"Passive" forms of political engagement					
Search information on a political issue	26.0	25.1	19.1	13.2	16.5
Follow news and current affairs daily	67.8	85.8	89.8	88.6	89.3
"Active" political engagement - Voting					
Voted in the last federal election	70.1	86.3	89.3	88.6	89.0
Voted in the last provincial election	68.2	85.3	88.3	86.7	87.6
Voted in the last municipal election	54.5	74.8	79.9	78.6	79.3
"Active" political engagement - Other activities					
Volunteered for a political party	2.6	5.0	4.6	2.5	3.7
Expressed views	13.4	16.8	14.2	8.4	11.7
Signed a petition	30.8	28.0	19.6	12.2	16.3
Chose a product for ethical reasons	23.8	19.2	9.5	5.5	7.8
Attended a public meeting	22.8	25.4	24.1	15.5	20.3
Participated in a demonstration	6.2	5.2	2.1	0.9	1.6
Non-voting participation rate ¹	51.8	51.0	41.2	27.3	35.1

1. Who did at least one of the following activities: volunteered for a political party, expressed views on an issue, signed a petition, attended a public meeting, boycotted or chose a product for ethical reasons, participated in a demonstration?

Source: Statistics Canada, General Social Survey.

Table 4.6.1

Percent reporting that they have a great deal or quite a lot of confidence in various institutions, by age group, 2003

	Age 25 to 54	Age 55 to 64	Age 65 to 74	Age 75 and over	Age 65 and over
percent					
Federal parliament	46.0	46.3	47.1	50.7	48.6
Welfare system	48.5	50.7	54.4	59.6	55.5
Major corporations	51.6	48.8	54.8	57.1	55.7
Justice system and court	62.3	59.8	59.5	62.5	60.8
School system	73.3	70.7	73.1	71.7	72.5
Health care system	68.2	69.1	75.3	75.8	75.5
Banks	67.3	71.8	81.8	85.9	83.5
Local merchants and business people	86.8	88.9	90.4	90.8	90.6
Police	86.9	88.5	90.7	93.2	91.8

Note: The percentage of individuals who said that they had "not very much confidence" or "no confidence" in a particular institution can be obtained by subtracting the presented proportion from 100. For example, about 54% of individuals in the 25 to 54 age range had "not very much confidence" or "no confidence at all" in the federal parliament (100-46.0).

Source: Statistics Canada, General Social Survey, 2003.

Endnotes

- 1 McDonald, Lynn et Leslie Robb. 2004. « The Economic Legacy of Divorce and Separation for Women in Old Age » *Canadian Journal on Aging*. 23 (Supplement, 2004) : S83-S97.
- 2 Berkman LF, Glass T, Brissette I, et al. 2000. « From social integration to health: Durkheim in the new millennium ». *Social Science and Medicine* 51(6) : 843-57.
- 3 Kawachi I, Colditz GA, Ascherio A, et al. 1996. « A prospective study of social networks in relation to total mortality and cardiovascular disease in men in the USA ». *Journal of Epidemiology and Community Health* 50(3) : 245-51.
- 4 L. Richard, S. Laforest, F. Dufresne et J.P. Sapinski. 2005. « The quality of Life of Older Adults living in an Urban Environment: Professional and Lay Perspectives » *Canadian Journal on Aging/La Revue canadienne du vieillissement* 24 : 19-30.
- 5 Respondents were also asked about people they knew from work and feel close to. Since most seniors are retired, they were not asked that question in the interview. For that reason, this information is not used in the presentation of the data.
- 6 These tasks were: doing domestic work, home maintenance or outdoor work; providing transportation or running errands; helping with child care; teaching, coaching or giving practical advice; giving emotional support; helping in some other way.
- 7 Source: General Social Survey, 2005.
- 8 The average age for senior women living alone was 77.2 years old, compared to 75.6 years old for men.
- 9 Those who have dexterity problems are those who are usually not able to grasp and handle small objects such as a pencil or scissors, OR those who require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers.
- 10 If all seniors who received help for indoor housework are considered (instead of only those who were helped for a long-term health reason), the proportion of men who say that they were helped with indoor housework was *higher* than the proportion of women. Precisely, some 51% of senior men aged between 65 and 74 said that they were helped with these tasks, compared to 31% of women.
- 11 Those who were **only** members or participants in a union or professional association were not considered as being engaged in an organization (since membership is not voluntary). While some persons can take an active role in their group, the majority of union members do not actively participate in their union.
- 12 Examples of favours that were mentioned to the survey respondents included: picking up the mail, watering plants, shovelling, lending tools or garden equipment, carrying things upstairs, feeding pets when on holiday, and shopping.
- 13 In a multivariate statistical model that included controls for the level of education, the place of residence, the sense of belonging to the local community, the length of residence in the community and the membership in an organization, the relationship between public meeting attendance and the likelihood of having done/received favours to/from neighbours remained significant (those who attended a public meeting were more likely to have done/received a favour).
- 14 Specifically, they were asked whether they have a great deal of confidence, much confidence, or no confidence at all. Respondents responded to the question based on their own understanding of the term and were not provided with definitions of the term.
- 15 Health Statistics Division, 2005 "Community Belonging and Self-perceived Health: Early CCHS finding" (Statistics Canada, catalogue no. 89-621XIE No.001).

Chapter 5

Leisure and outlook on life

Introduction

As stated in the Introduction, some aspects of seniors' lives were more difficult than others to incorporate within the National Framework on Aging. These dimensions are discussed in this Chapter. First, Section 5.1 presents detailed information about seniors' use of time. It focuses on leisure activities that seniors enjoy compared to younger persons.

Section 5.2 is a short analysis of seniors' religiosity. Information is presented about the importance of spiritual beliefs to seniors, their attendance at religious services and the faith communities to which they belong.

Finally, Section 5.3 provides information on seniors' use of computer and information technologies. Are seniors connected? For what purposes do older Canadians use their computers and the Internet?

5.1 Leisure and outlook on life¹

As older adults move through later life they modify their patterns of time use. They may begin to disengage from some activities, engage more intensely in others, or try new activities. Time use patterns of older adults across the later life course are presented in this chapter.

Hours of paid work decline after age 55

As Canadians move into retirement, the demands on their days change (see Charts 5.1.1 and 5.1.2). The majority of men and women begin to disengage from paid work in their early fifties. For example, men's hours of paid work decreased after age 55 from an average of 4 hours per day for those aged 55-64 to 1 hour for those aged 65-74.

Family and household responsibilities consumed a large number of hours each day. On average, men aged 55-64 years reported 3.1 hours a day doing unpaid work² and women from the same age group reported 4.8 hours. As time spent on paid work declined for men aged 65-74 the amount of time spent on unpaid work increased to 3.9 hours per day while the amount of time women spent on these tasks remained the same.

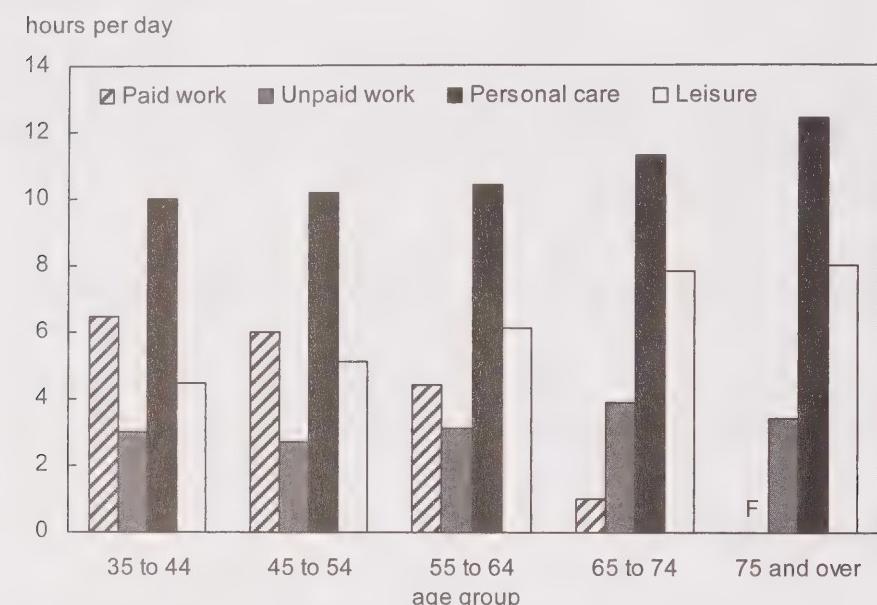
Older age provides time for engagement in other activities like rest and leisure

Everyone's day is made up of exactly 24 hours, which means that each person has a finite amount of time to spend sleeping, eating, earning a living, taking care of others, home responsibilities and leisure activities. Exploring the trades-offs among these activities allows us to better understand patterns of time use.

Reduction in paid work allows people to allocate their time to a variety of different activities. Men devoted more time to personal care such as resting and sleep (an increase from 8.2 hours for men

aged 55-64 years per night to 9.0 hours for those over age 75). They increased time in leisure activities (1.2 more hours a day of TV watching, more than twice as much time spent reading - over an hour per day). They spent extra time on domestic chores, house maintenance, and shopping (see Chart 5.1.3).

Chart 5.1.1 What do Canadian men do?



F too unreliable to be published

Source: Statistics Canada, General Social Survey, 2005

Women's time use patterns changed as well after age 55 (see Chart 5.1.4). Like men, women spent more time on personal care, especially sleeping or resting (an increase from 8.5 hours per day for the 55-64 year olds to 9.2 hours for those over age 75). They also increased the amount of time on leisure pursuits (an increase of 1.2 hours a day in TV watching and 0.5 hours more a day reading).

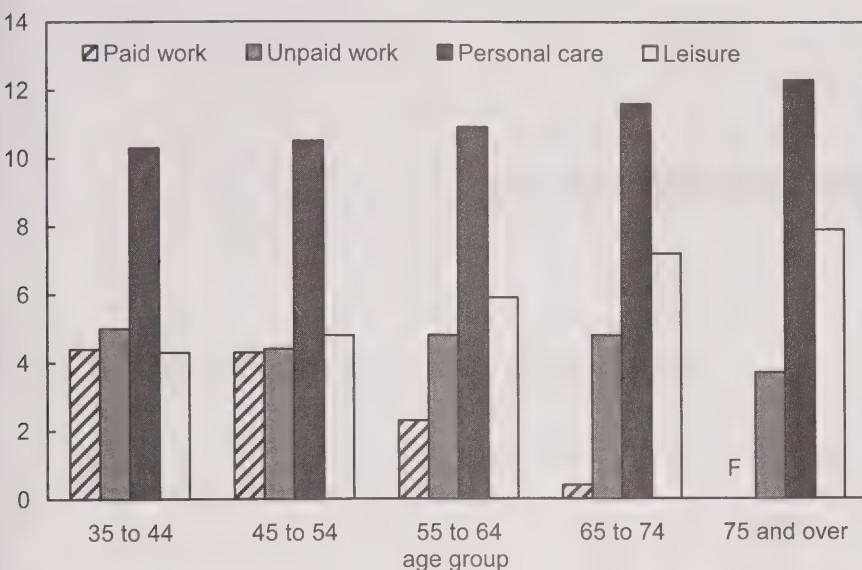
Leisure is more than just watching television

Leisure makes up an important part of older Canadians' lives both in terms of the amount of time they spend and how engagement in these activities can contribute to their well-being. Canadian men aged 65-74 spent almost 8 hours a day in leisure (see Chart 5.1.5) and women spent an average of 7.3 hours (see Chart 5.1.6). This represents an increase of 1.3 hours compared to men and women aged 55-64.

There are four types of leisure activity: passive leisure, cognitive leisure, social leisure, and physical leisure. Passive leisure consists of such activities as watching television, listening to the radio, and taking pleasure drives. Cognitive leisure is made up of reading books or newspapers, educational activities, attending entertainment events, participating in hobbies, playing cards, and using the computer or the Internet. Social leisure includes socializing with friends and relatives and talking on the phone. Finally, physical leisure includes all physical recreation. Cognitive leisure, social leisure, and physical leisure can be combined to form active leisure in comparison to the passive leisure activities.

Chart 5.1.2 What do Canadian women do?

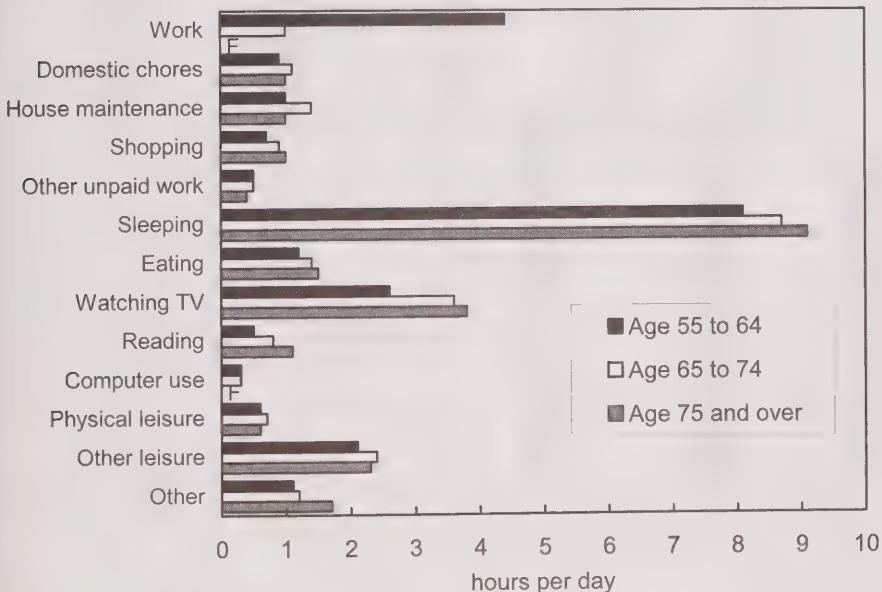
hours per day



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Source: Statistics Canada, General Social Survey, 2005

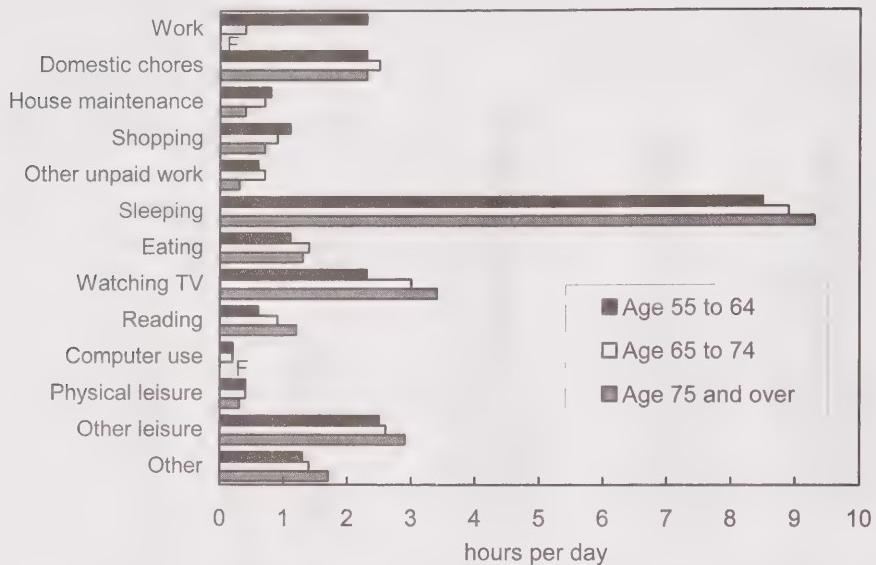
Chart 5.1.3 A day in the life of older Canadian men



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Source: Statistics Canada, General Social Survey, 2005

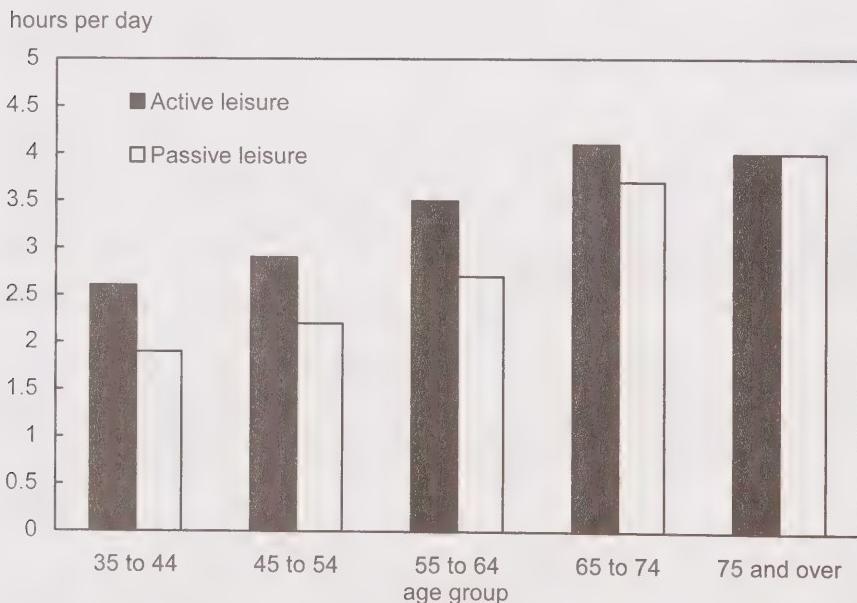
Chart 5.1.4
A day in the life of older Canadian women



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Source: Statistics Canada, General Social Survey, 2005

Chart 5.1.5
Average time spent on leisure by Canadian men

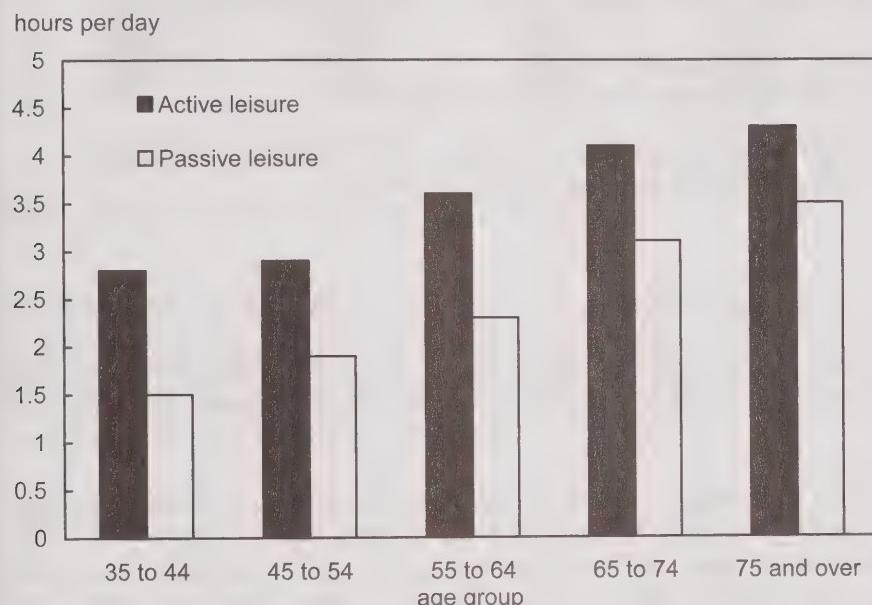


Source: Statistics Canada, General Social Survey, 2005

Active leisure time increases in later life

Men and women who were post retirement age engaged more in active leisure and passive leisure activities than their younger cohorts (see Charts 5.1.5 and 5.1.6). In fact, men 75 years or older spent over an hour more on passive leisure than their counterparts aged 55-64 years. Despite this increase in passive leisure, men still spent more time in active leisure than in passive leisure until after age 75. For women, active leisure predominated even for those over age 75. This oldest group of women reported more hours spent in active leisure than in passive pursuits (4.4 hours a day of active leisure compared to 3.6 hours of passive leisure). Throughout later life women devoted fewer hours to leisure than did men, but the primary difference was in the time spent on passive leisure activities which was about half an hour less per day for women across each of the age groups.

Chart 5.1.6
Average time spent on leisure by Canadian women



Source: Statistics Canada, General Social Survey, 2005

Activity Category Activities Included

Paid work All time spent at a paid job; associated travel

Unpaid work
Domestic work Meal preparation; baking; preserving food; associated cleanup; indoor and outdoor cleaning; laundry, ironing, folding and mending; shopping; household management; gardening; plant and pet care; other odd jobs; associated travel

Activity Category	Activities Included
Care work	Childcare (personal care, medical care, teaching, assisting, reading and conversation with, playing with, travel for children and unpaid babysitting); adult care (personal care, medical care and associated travel for adults within the household; housework, cooking, house maintenance/repair, transportation, correspondence and care for disabled or ill adults living outside the household)
Volunteer work	Participation in professional or union organizations; political or civic activities; involvement in child, youth or family organizations; involvement in religious organizations, fraternal or social organizations; support groups; coaching; associated travel
Leisure	
Passive leisure	Watching television or videos; listening to the radio or stereo
Cognitively active leisure	Reading books, newspapers or magazines; general computer use; writing letters; hobbies; cards & board games; attending educational programs
Physically active leisure	Exercise; walking; sports; associated travel
Socially active leisure	Socializing in person or on the telephone; associated travel
Self care	
	Eating, sleeping, washing, dressing, personal and medical care, prayer, meditation, thinking, travel for personal or religious activities

5.2 Religiosity

Canadian seniors grew up at a time when the institutionalized religion had more social influence than today. Not surprisingly then, religion plays a more important role in the life of a greater proportion of seniors than of younger individuals.

Between 1990 and 2003, the proportion reporting no religious affiliation has almost doubled regardless of age group. However seniors are much less likely to have no religion than younger people. In 2003, 10% of seniors aged 65 and over had no religion, half the proportion of 25- to 54-year-olds (21%). The next generation of seniors, i.e. those who are currently aged 55 to 64, were also less likely than individuals aged 25 to 54 to report that they don't have a religion (Chart 5.2.1).

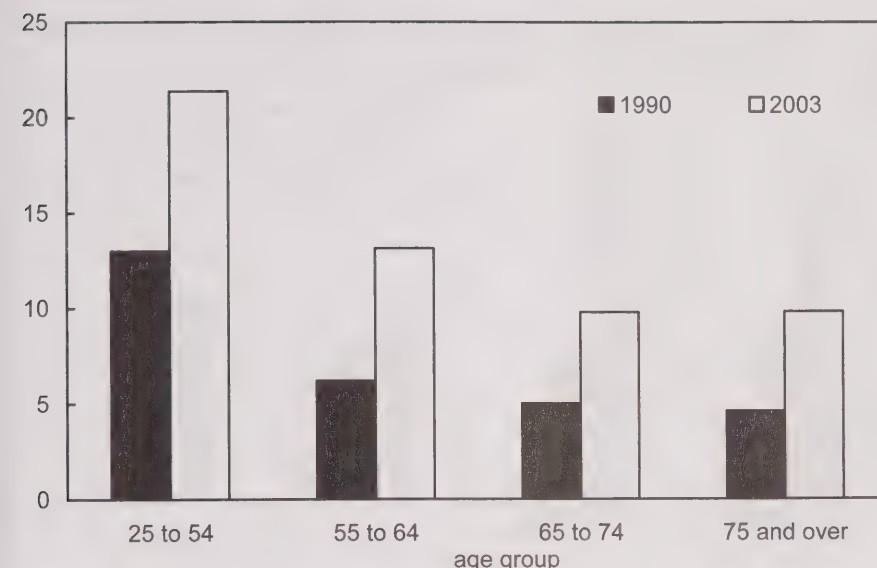
The percentage of seniors reporting no religious affiliation varied substantially across Canada. Only 2% of Québec seniors and 5% of Atlantic seniors reported no religion. In contrast, 10% of seniors in Ontario, 9% in the Prairies and 26% in British Columbia reported having no religion. This is consistent with a recent study which showed that British Columbians had the lowest level of religiosity in the country (Clark and Schellenberg, 2006).

Spiritual beliefs and their importance

While institutionalized religion may have lost social influence in the last forty to fifty years, studies show that spiritual beliefs play an important role in the life of many Canadians (Clark and Schellenberg, 2006; Bibby, 2002). However, seniors are still much more likely than younger people to attribute a great importance to spiritual beliefs in the way that they live their life. For instance in 2003, about 59% of seniors aged 75 and over reported that spiritual beliefs were very important in the way that they lived their life. In contrast, that was the case of only 35% of 25- to 54-year olds (Chart 5.2.2).

Chart 5.2.1**Percentage of persons reporting no religious affiliation, by age group, 1990 and 2003**

percentage



Sources: Statistics Canada, General Social Survey, 1990 and 2003.

The percentage of seniors reporting no religious affiliation varied substantially across Canada. Only 2% of Québec seniors and 5% of Atlantic seniors reported no religion. In contrast, 10% of seniors in Ontario, 9% in the Prairies and 26% in British Columbia reported having no religion. This is consistent with a recent study which showed that British Columbians had the lowest level of religiosity in the country (Clark and Schellenberg, 2006).

Spiritual beliefs and their importance

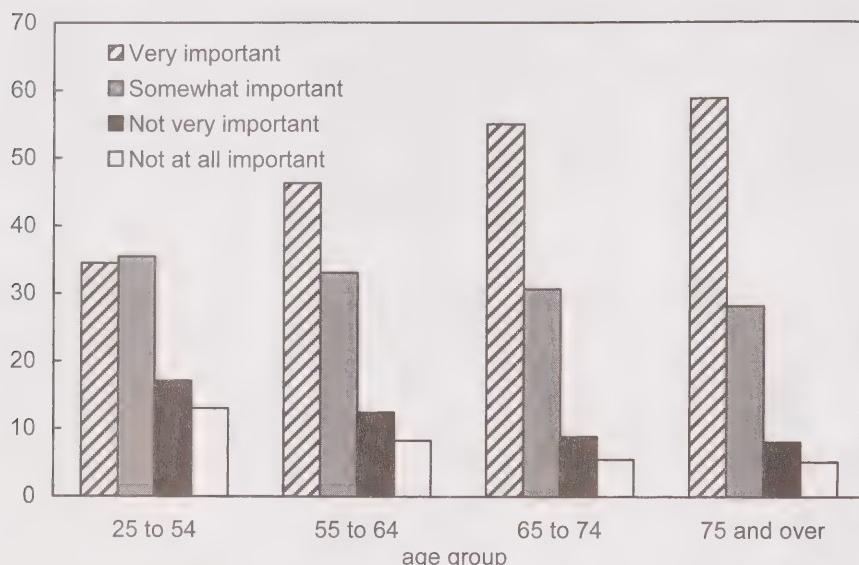
While institutionalized religion may have lost social influence in the last forty to fifty years, studies show that spiritual beliefs play an important role in the life of many Canadians (Clark and Schellenberg, 2006; Bibby, 2002). However, seniors are still much more likely than younger people to attribute a great importance to spiritual beliefs in the way that they live their life. For instance in 2003, about 59% of seniors aged 75 and over reported that spiritual beliefs were very important in the way that they lived their life. In contrast, that was the case of only 35% of 25- to 54-year-olds (Chart 5.2.2).

According to data from the 2001 Statistics Canada Canadian Community Health Survey, many Canadians agree that their spiritual beliefs help them to find meaning in their life, give them strength to face everyday difficulties or help them to understand the difficulties of life. Seniors are, however, more likely to say that their spiritual beliefs help them a lot. For instance in 2001, 47% of seniors aged 75 and over said that their spiritual beliefs help them a lot to understand the difficulties in their life, and 50% of them said that their beliefs helped them a lot to find meaning in their life. The corresponding proportions for 25- to 54-year-olds were significantly lower, at 27% and 31%.

Chart 5.2.2

Percentage of individuals reporting that spiritual beliefs have an important role in their life, by age group, 2003

percentage



Source: Statistics Canada, General Social Survey, 2003.

Attendance at religious services

Attendance at religious services is much more frequent among seniors than among their younger counterparts. In 2003, about half of seniors reported that they attended religious services at least once a month. That was the case of only 27% of 25- to 54-year-olds.

5.3 Computer and the Internet use

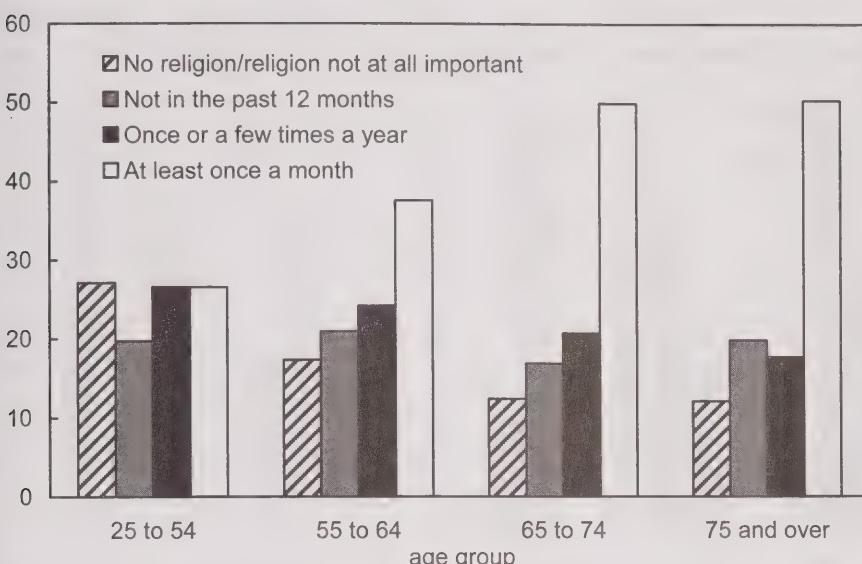
Many aspects of life have been affected by the widespread diffusion of information and communications technologies (ICTs). For example, workers in a diverse range of jobs now routinely use computers; individuals keep in touch with family and friends using email and on-line chat sites; and products, services, information and entertainment are readily available from the Internet. Overall, Canadians are increasingly connected through the Internet, email and a host of other ICTs. In this section, the 'connectedness' of older Canadians is documented.

Use of the Internet and emails

Computer use has become part of everyday life for many Canadians. Between 1990 and 2003, the share of households with a personal computer increased from 16% to 67%. Internet penetration followed suit, with the share of households accessing the Internet from home more than tripling between 1997 and 2003, rising from 16.0% to 54.5%. The share of senior-led households with home Internet access increased from 3.4% to 22.7% and access among households headed by someone aged 55 to 64 increased more than four-fold (Chart 5.3.1).

Chart 5.2.3**Frequency of attendance at religious services, by age group, 2003**

percentage



Source: Statistics Canada, General Social Survey, 2003.

The same trend is evident if we consider individuals rather than households. The share of individuals aged 65 to 74 using the Internet increased from 11% to 28% between 2000 and 2003, and the share using email increased from 11% to 27% (Chart 5.3.2). The same upward trend was evident among seniors aged 75 or older, albeit at a lower level. Overall, Internet and email use is becoming increasingly prevalent among seniors, but utilization remains highest among younger age groups.

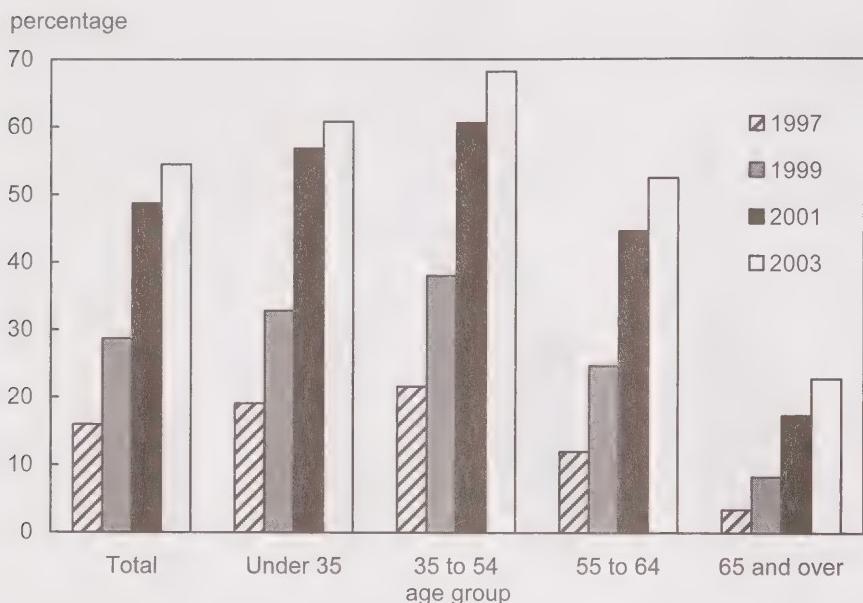
Among persons aged 25 to 54, comparable shares of men and women use the Internet and email (Chart 5.3.3). In contrast, there are noticeable gender differences among older Canadians. In 2003, about one-third of men aged 65 to 74 used the Internet or email compared with less than one-quarter of women. Men aged 75 or older were more than twice as likely as women to use these technologies.

Education is also correlated with 'connectedness'. Among seniors aged 65 to 74, individuals with a post-secondary educational credential were more than twice as likely as those with no such credential to use the Internet (at 45.5% and 20.6% respectively). The same pattern is evident among seniors aged 75 or older (Chart 5.3.3). Furthermore, educational attainment is more strongly correlated with Internet and email use among seniors than among non-seniors.³

Detailed information on computer and Internet use is available from the Adult Literacy and Life Skills Survey (ALL), but is only available for individuals aged 16 to 65. Hence, our discussion now focuses on individuals aged 56 to 65.

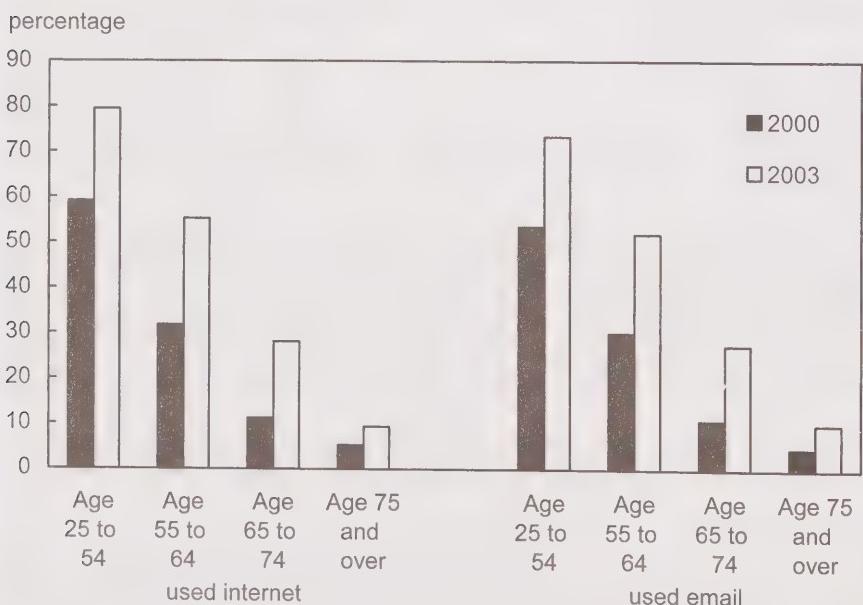
Accessing the Internet is the most prevalent purpose for which computers are used. In a typical month, 78.5% of computer users aged 56 to 65 use their computer for this purpose, while this is the case for over 90% of computer users aged 45 or younger (Chart 5.3.5). Just under two-thirds of computer users aged 56 to 65 (62.4%) use their computer for writing or editing text while 40% to 45% use it for playing games or reading information on CD or DVD.

Chart 5.3.1
Percentage of households accessing the Internet from home, by age of household head, 1997, 1999, 2001 and 2003



Source: Statistics Canada, Household Internet Use Survey.

Chart 5.3.2
Percentage of individuals who used the Internet or email in past 12 months, by age group, 2000 and 2003

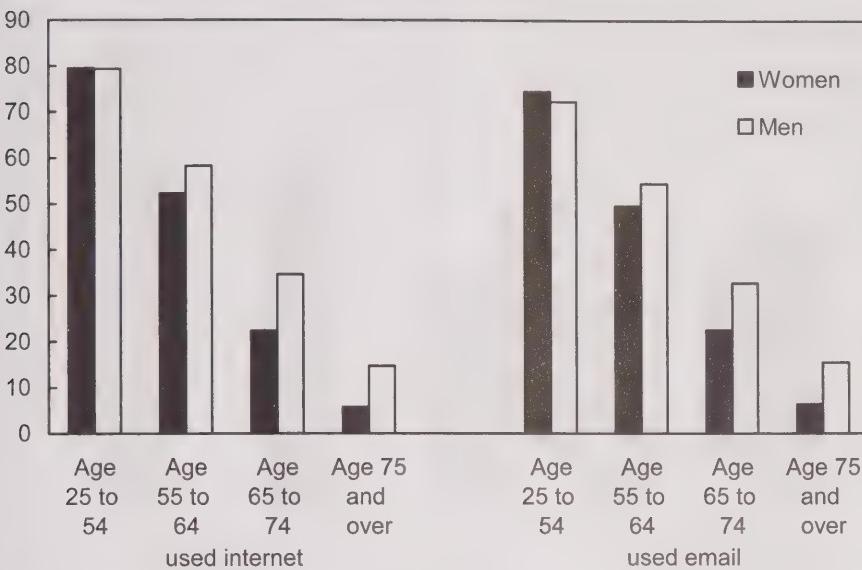


Source: Statistics Canada, General Social Survey, 2000 and 2003.

Chart 5.3.3

Percentage of individuals who used the Internet or email in past 12 months, by sex and age group, 2003

percentage

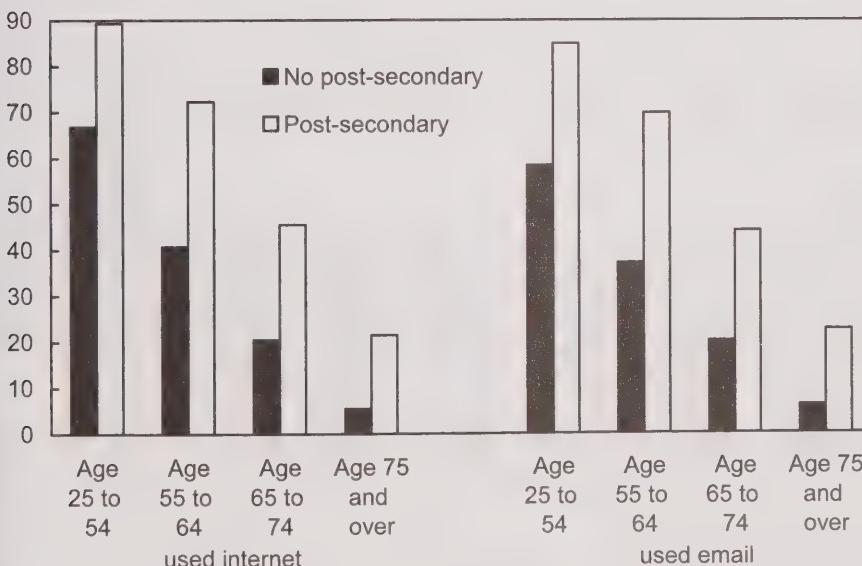


Source: Statistics Canada, General Social Survey, 2003.

Chart 5.3.4

Percentage of individuals who used the Internet or email in past 12 months, by education and age group, 2003

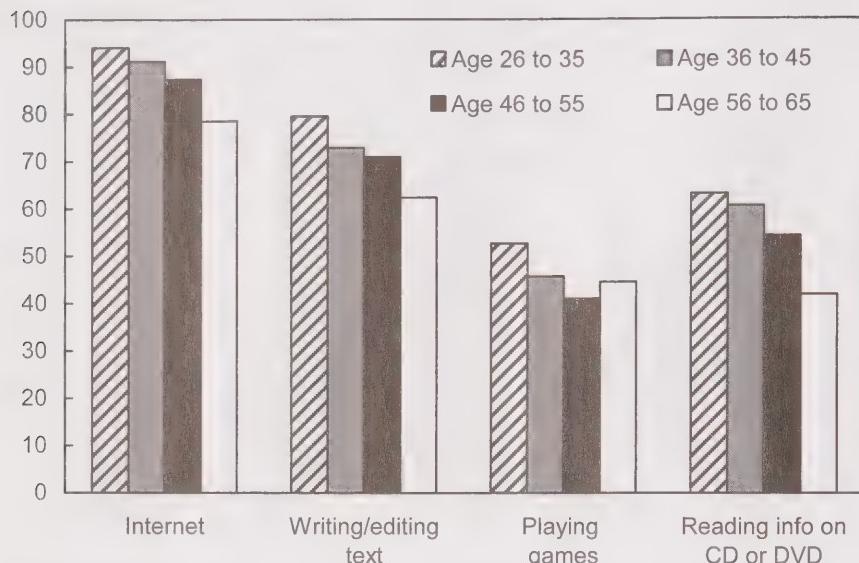
percentage



Source: Statistics Canada, General Social Survey, 2003.

Chart 5.3.5
Selected purposes of computer use, by age group, 2003

percentage of computer users



Source: Statistics Canada, Adult Literacy and Life Skills Survey, 2003.

When considering the amount of time spent on their home computer, the profile of computer users aged 56 to 65 is very similar that of 'middle aged' users. Almost half of computer users aged 56 to 65 (48.1%) use their home computer less than 10 hours in a typical month and in this respect may be considered 'casual users'. Among computer users between the ages for 36 and 55, a comparable share uses their home computer less than 10 hours a month.

In contrast, 26.0% of computer users aged 56 to 65 spend 30 or more hours on their home computer in a typical month and may be considered 'heavy users'. The share of individuals aged 36 to 45 and 46 to 55 who are 'heavy users' was slightly smaller, at 22.6% and 20.6% respectively (Chart 5.3.6). Individuals aged 56 or older may be retired and have more time to spend on their home computer.

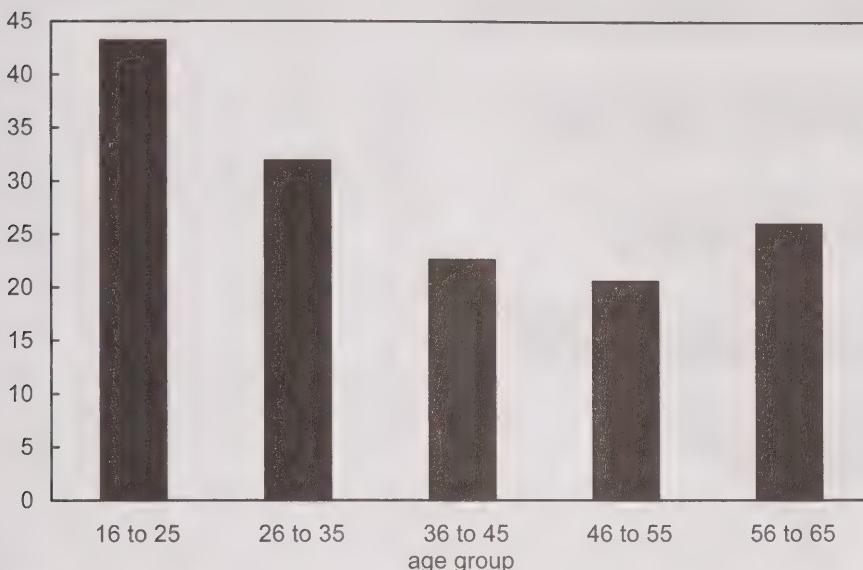
Individuals in their late fifties and early sixties use the Internet for many of the same purposes as individuals in younger age groups. For example, at least 85% of Internet users in all age groups use the Internet for email (Chart 5.3.7). Similarly, individuals aged 56 to 65 who use the Internet are as likely as younger users to search for health or government information. In contrast, Internet users aged 56 to 65 are less likely than their younger counterparts to use the Internet to do their banking, to purchase goods or services, to download music or to participate in chat groups or on-line discussions.

Computer users aged 56 to 65 have positive assessments of new technologies. Over three-quarters of them say that computers have made it easier for them to find useful information and almost two-thirds say that computer have helped them communicate with other people (Chart 5.3.8). However, they have less favorable assessments of the impact that computers have had on their skill development, as less than half of computer users aged 56 to 65 (45.2%) agree that computers have helped them learn new skills (aside from computer skills themselves). Computer users aged 45 or younger are far more likely to agree with this statement.

Chart 5.3.6

Percentage of computer users who spend 30 or more hours on their home computer in a typical month, by age group, 2003

percentage

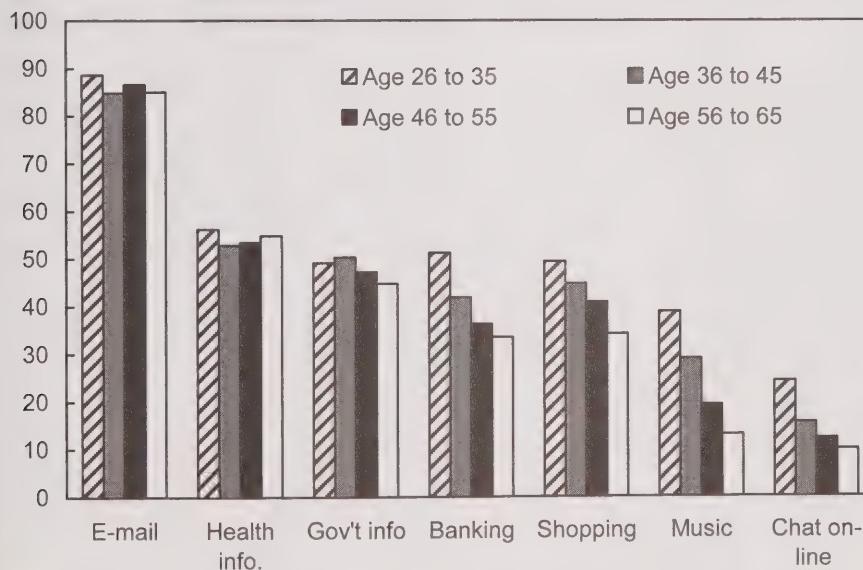


Source: Statistics Canada, Adult Literacy and Life Skills Survey, 2003.

Chart 5.3.7

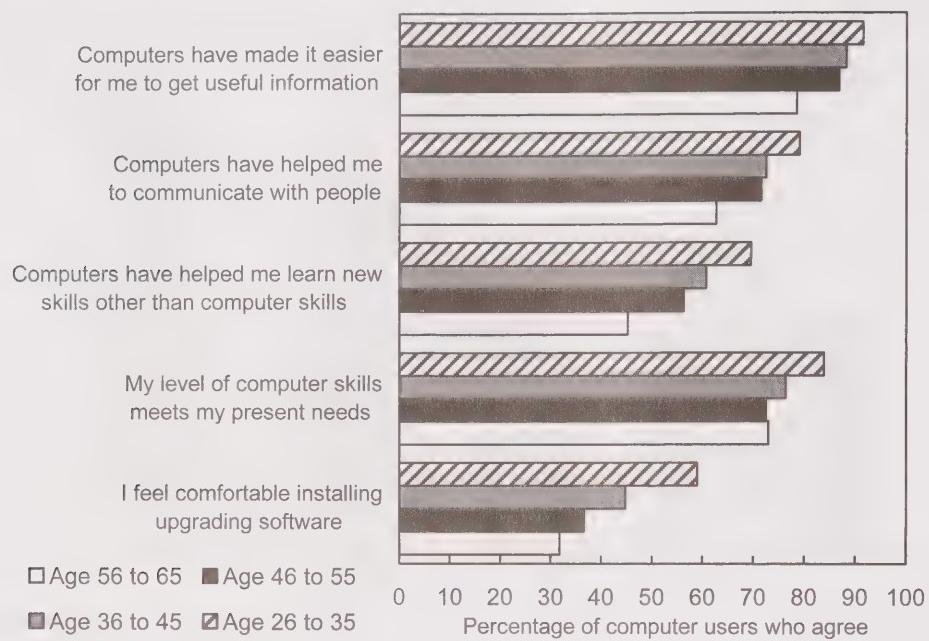
Selected purposes of Internet use, by age group, 2003

percentage of computer users



Source: Statistics Canada, Adult Literacy and Life Skills Survey, 2003.

Chart 5.3.8
Attitudes toward computers, by age group, 2003



Source: Statistics Canada, Adult Literacy and Life Skills Survey, 2003.

In terms of their current abilities, about one-third of computer users aged 56 to 65 (31.8%) say they feel comfortable installing or upgrading software compared with almost 60% of users aged 26 to 35. Nonetheless, the majority of older users (73%) feel that their computer skills meet their current needs.

Chapter 5 Tables

Table 5.2.1

Importance of spirituality in seniors' lives

	A lot	Some	A little	Not at all/ spiritual values have no role
percent				
To what extent do your spiritual values help you to find meaning in your life				
Age 25 to 54	30.9	23.4	7.4	38.4
Age 55 to 64	42.8	23.5	5.8	27.8
Age 65 to 74	47.3	21.3	5.4	25.9
Age 75 and over	49.8	20.0	4.9	25.3
To what extent do your spiritual values give you the strength to face everyday difficulties				
Age 25 to 54	29.5	22.0	9.2	39.3
Age 55 to 64	41.4	23.4	6.5	28.7
Age 65 to 74	46.1	20.8	6.6	26.5
Age 75 and over	47.7	20.3	5.5	26.5
To what extent do your spiritual values help you to understand the difficulties of life				
Age 25 to 54	27.1	22.9	10.3	39.7
Age 55 to 64	38.8	23.9	7.9	29.4
Age 65 to 74	43.7	22.5	7.0	26.8
Age 75 and over	46.6	19.4	6.8	27.2

Source: Statistics Canada, Canadian Community Health Survey, 2002.

Endnotes

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- 1 Section 5.1 by Donna Dosman, Susan Stobert and Norah Keating
 - 2 Unpaid work includes household tasks, care provided, volunteer work and assistance to others.
 - 3 Among persons aged 25 to 54, the share of persons with a post-secondary educational credential using the Internet (at 89.3%) was 34% higher than the share of persons with no post-secondary credential doing so (at 66.8%). Among persons aged 65 to 74, the share of persons with a post-secondary educational credential using the Internet (at 45.5%) was 121% higher than the share of persons with no post-secondary educational credential do so (at 20.6%).

Chapter 6

Aboriginal seniors in Canada¹

The ancient wisdom, the traditions, rituals, languages and cultural values were passed on and carried forward. In this process, a primary role was played by the Elders, the Old Ones, the Grandmothers and Grandfathers. As individuals especially knowledgeable and experienced in the culture, they were seen as those most closely in touch with the philosophical teachings of life lived in harmony with the Creator and creation. (Royal Commission on Aboriginal Peoples 1996b)

Seniors are revered in many Aboriginal cultures for their knowledge and experiences, and the integral role that they play in the vitality and well-being of their families, communities and nations. Aboriginal people turn to Elders as key sources of traditional knowledge, wisdom and cultural continuity. Since Aboriginal people comprise a very young population compared to non-Aboriginal people, analytical focus often comes to rest on Aboriginal youth. This chapter, by contrast, will examine the characteristics of Aboriginal seniors across Canada, including selected demographic trends, culture and language, continuous learning, work and participation in society, living arrangements and housing, and health and well-being.

Selected demographic characteristics

In 2001, more than 976,000 persons in Canada reported that they were Aboriginal, including about 39,900 seniors (65 years of age or older). Ontario had the largest number of Aboriginal seniors (8,600), and British Columbia (7,240) and Manitoba (5,535) had the next largest Aboriginal seniors' populations. (Table 6.1)

While Aboriginal people made up about 3% of the total population in 2001, Aboriginal seniors made up only 1% of the total senior population. Of all the provinces, Manitoba and Saskatchewan had the largest proportion of Aboriginal seniors in their senior populations. Aboriginal seniors made up 4% of all seniors in Manitoba and 3% of seniors in Saskatchewan. Aboriginal people make up much larger shares of the population in the territories. In Nunavut, 91% of seniors were Aboriginal, as were 65% of seniors in the Northwest Territories and 21% of seniors in the Yukon Territory. (Table 6.1)

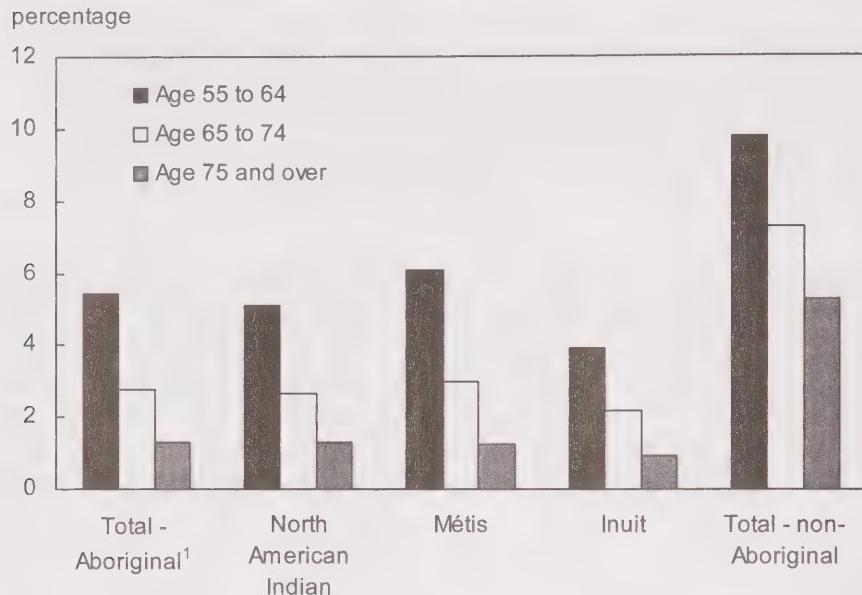
Aboriginal seniors younger than non-Aboriginal seniors

The overall Aboriginal population is much younger than the total non-Aboriginal population. In 2001, the median age for the Aboriginal population was 24.7 years, while that of the non-Aboriginal population was at an all-time high of 37.7 years. In 2001, only 4% of Aboriginal people were 65 years and over compared to 13% of the non-Aboriginal population. Of the three Aboriginal groups, Inuit were the youngest population, with only 3% of Inuit 65 years and over (4% of both the North American Indian and Métis populations were 65 years and over).

Not only do seniors make up a smaller percentage of the Aboriginal population, but the Aboriginal senior population is on-average younger than the non-Aboriginal senior population. In 2001, about 3% of the Aboriginal population were between the ages of 65 and 74, and 1% were 75 years and over. On

the other hand, 7% of the non-Aboriginal population was 65 to 74 years of age, and 5% were 75 years and over. (Chart 6.1)

Chart 6.1
Percentage of population 55 years and over, Canada, 2001



1. Includes those who identified with more than one Aboriginal group, and those who did not identify but who reported having registered Indian status and/or band membership.

Source: Statistics Canada, 2001 Census of Canada.

Youthful but with a trend toward aging

There is a trend toward aging in the Aboriginal population, albeit slower than in the non-Aboriginal population. This aging is in large part due to a gradually improving life expectancy and to declining birth rates (Statistics Canada, 2003). Nonetheless, fertility rates remain higher among the Aboriginal population than those of the non-Aboriginal population, and life expectancies remain lower.

In the 1996 to 2001 period, the fertility rate of Aboriginal women was 2.6 children, that is, they could expect to have that many children, on average, over the course of their lifetime. This is compared with a fertility rate of 1.5 children per woman in Canada. Among Aboriginal women, the Inuit currently have the highest fertility rate. In the 1996 to 2001 period, the fertility rate for Inuit women was estimated to be 3.4 children, compared with rates of 2.9 children for North American Indian women and 2.2 for Métis women (Statistics Canada, 2005).

When Aboriginal women who are currently 65 years old and over were in their childbearing years, the Aboriginal fertility rate was much higher. Indeed, the fertility rate for Aboriginal people has dropped by half since the 1966 to 1971 period when the total fertility rate was 5.5 children per woman, to the current figure of 2.6 children in the 1996 to 2001 period (Ram, 2004).

Aboriginal Identity Population

Data in this report refer to the Aboriginal identity population. This population includes those who responded 'yes' to the following question: "Are you an Aboriginal person, that is, North American Indian, Métis or Inuit?" Also included are those persons who did not identify as Aboriginal, but who reported that they have registered Indian status and/or band membership.

Generally the Aboriginal population is divided into three main groups: North American Indian, Métis and Inuit. In 2001, approximately 62% of the Aboriginal population reported being North American Indian, 30% were Métis and 5% were Inuit. The remaining 3% either reported belonging to more than one Aboriginal group, or they did not identify with an Aboriginal group but reported having registered Indian status and/or band membership. Each Aboriginal group is culturally and historically distinct, and where possible, findings for the specific groups are highlighted.

A number of respondents to the 2001 Aboriginal Peoples Survey (APS) identified with more than one Aboriginal group. In other words, many respondents identified as North American Indian, Métis and/or Inuit. APS data for specific Aboriginal groups include both the single and multiple responses. For example, an individual who identified as both North American Indian and Métis would be included in the tables for both the North American Indian and Métis groups. However, such persons are only counted once in the total Aboriginal identity population.

When referring to 2001 Census data for specific Aboriginal groups, data include only single responses. Multiple responses to the Aboriginal identity question in the 2001 Census were limited. Nationally, about 6,660 people reported belonging to more than one Aboriginal group. These respondents were not redistributed into the specific Aboriginal groups; however, such persons are included in the total Aboriginal identity population.

While the life expectancies of Aboriginal people have improved over time, it remains lower than that of the total population. In 2001, the estimated life expectancy at birth for Métis women (77.7 years) was the closest of the three Aboriginal groups to that of the total female population (82.2 years). The life expectancy of North American Indian women was 76.7 years, and Inuit women had the lowest life expectancy of Aboriginal women at 71.7 years.

As with the non-Aboriginal population, Aboriginal women have longer life expectancies than Aboriginal men. Métis men had a life expectancy of 71.9 years while North American Indian men had a life expectancy of 71.1 years. Inuit men had the lowest life expectancy of all the Aboriginal groups, men or women, at 62.6 years. The life expectancy of Inuit men was 14.4 years less than the life expectancy of the total Canadian male population at 77 years. (Chart 6.2)

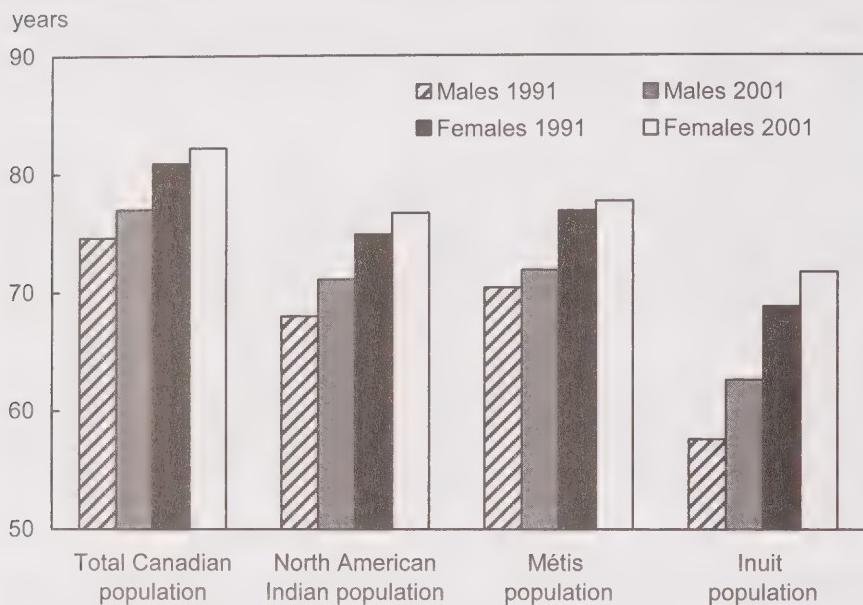
Number of Aboriginal seniors projected to grow in next decade

The latest projections have indicated that the number of Aboriginal seniors is expected to grow more than two-fold by 2017 (Statistics Canada, 2005). In 2001, seniors represented 4% of the total Aboriginal population, and this is expected to increase to 6.5% of the total Aboriginal population by 2017. Like with the growing number of seniors in the Aboriginal population, the overall senior population is expected to continue to represent a much larger proportion of the total population. The number of seniors in the general population is projected to grow from 3.9 million in 2001 (or 12.6% of total population) to 5.8 million (representing 16.6% of the total population) by 2017. (Chart 6.3)

Each of the Aboriginal groups is expected to see different rates of growth in their senior populations. The Métis senior population is projected to have the largest growth, from 12,800 in 2001 to 30,600 in 2017, when seniors would make up 8% of the total Métis population. In comparison, the North

American Indian senior population is projected to grow from 28,200 in 2001 to 59,500 in 2017, representing 6% of the North American Indian population at that time. The Inuit senior population is projected to grow from 1,500 in 2001 to 2,500 in 2017, and at that time they would represent 4% of the total Inuit population.

Chart 6.2
Life expectancy at birth, by sex, 1991 and 2001, Canada



Source: Statistics Canada, Demography Division.

Women outnumber men among Aboriginal seniors, except in Inuit population

As in the total population, women outnumber men among Aboriginal seniors. In 2001, among Aboriginal people aged 65 and over, 54% were women and 46% were men. Similar distributions were found in the North American Indian population (56% women and 44% men) and in the Métis population (52% women and 48% men). Among Inuit seniors, however, men outnumber women. In 2001, 55% of Inuit aged 65 and over were men and 45% were women. This may be due to higher maternal mortality rates for Inuit women that prevailed when senior Inuit women were in their child-bearing years (Choinière et al., 1998).

Culture and Language

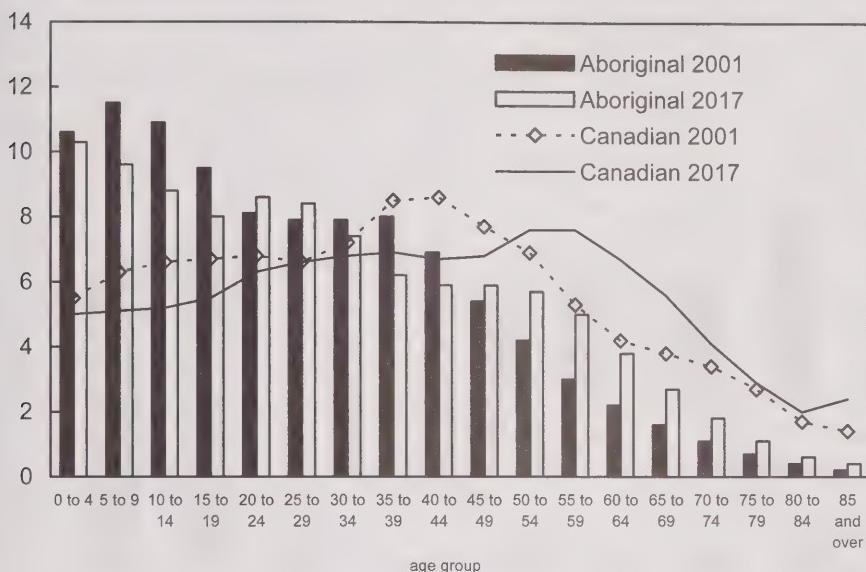
It is to the Elders that Aboriginal people often turn for traditional, historical and cultural knowledge. Aboriginal seniors have lived through many changes in their communities, and they are often considered an important link to the teachings of the past. For many Aboriginal people, the transmission of culture from older generations to younger people has been disrupted by many factors. Prohibitions on cultural activities such as ceremonies and traditional gatherings, and the removal of children from Aboriginal communities through both adoption and federal residential schools, are just a few examples. Aboriginal languages, as minority languages, are also in constant danger of being "eclipsed" or overwhelmed by more dominant languages (Royal Commission on Aboriginal Peoples 1996a: 609). This section will explore some of the differences between Aboriginal seniors and their younger

counterparts in terms of areas of residence, Aboriginal language use and retention, and attendance at residential schools.

Chart 6.3

Distribution of the Canadian and total Aboriginal population by age group, Canada, 2001 and 2017

percentage



Source: Statistics Canada, Projections of the Aboriginal Populations, Canada, Provinces and Territories: 2001 to 2017, catalogue no. 91-547-XIE.

Most Aboriginal seniors live in communities where most people are Aboriginal

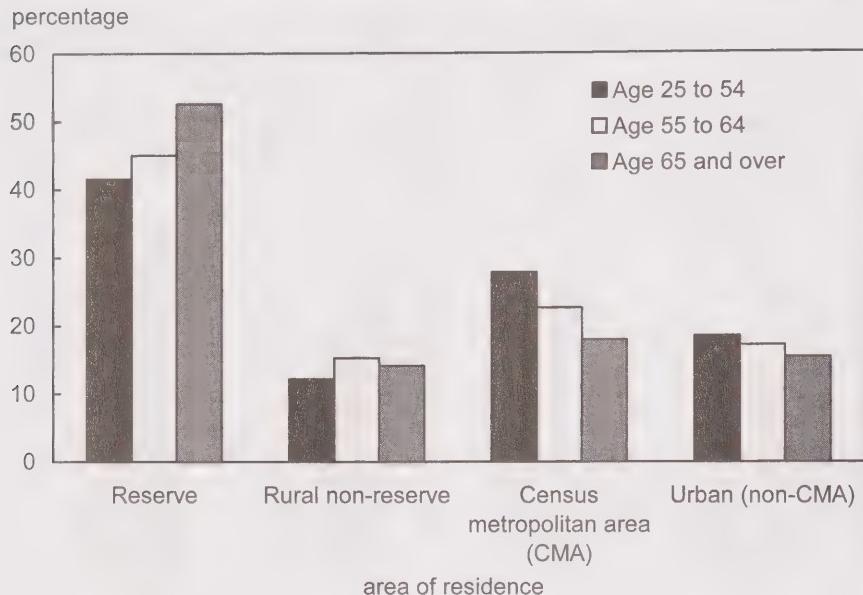
According to the 2001 Census, Aboriginal seniors are more likely than their younger counterparts to live in communities where the majority of people are Aboriginal, such as First Nations/reserves or other rural communities. The expression of culture, such as participating in cultural activities and the use of one's Aboriginal language, is presumably easier in areas where most people are culturally similar, as opposed to large urban centres where Aboriginal people often represent a small minority within a larger mosaic of cultures.

In 2001, over half of North American Indian seniors (53%) lived on reserve, where the vast majority of residents are North American Indian. This is compared to 42% of North American Indian adults 25 to 54 years, and 45% of those 55 to 64 years. Conversely, North American Indian seniors were less likely to live in urban areas than younger North American Indian adults. For example, 18% of North American Indian seniors lived in one of Canada's largest cities (census metropolitan areas), (Chart 6.4)² compared to 28% of those 25 to 54 and 23% of those 55 to 64 years.

While Métis seniors are the most urbanized of all Aboriginal seniors, they remain less urbanized than non-Aboriginal seniors. In 2001, 62% of Métis seniors were living in urban areas – 34% were living in census metropolitan areas and 28% were living in other smaller urban centres. This is compared to 80% of non-Aboriginal seniors. Over one third (36%) of Métis seniors were living in rural areas compared to 19% of non-Aboriginal seniors. As in the North American Indian and Inuit populations, Métis seniors are also less likely to live in urban areas compared to their younger counterparts. In

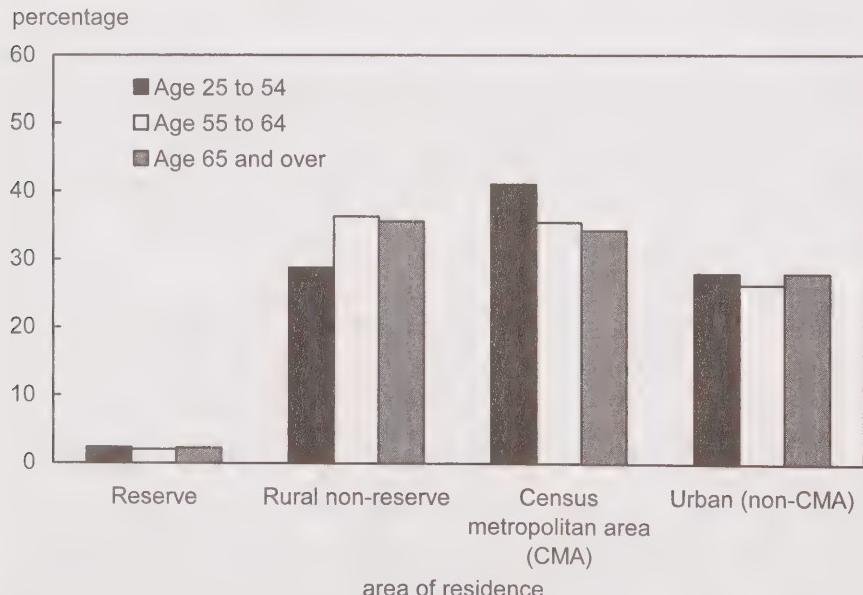
2001, 69% of Métis 25 to 54 years of age were living in urban areas, compared to 62% of Métis 55 and over. (Chart 6.5)

Chart 6.4
North American Indian identity population 25 years and over, by area of residence, 2001



Source: Statistics Canada, 2001 Census of Canada.

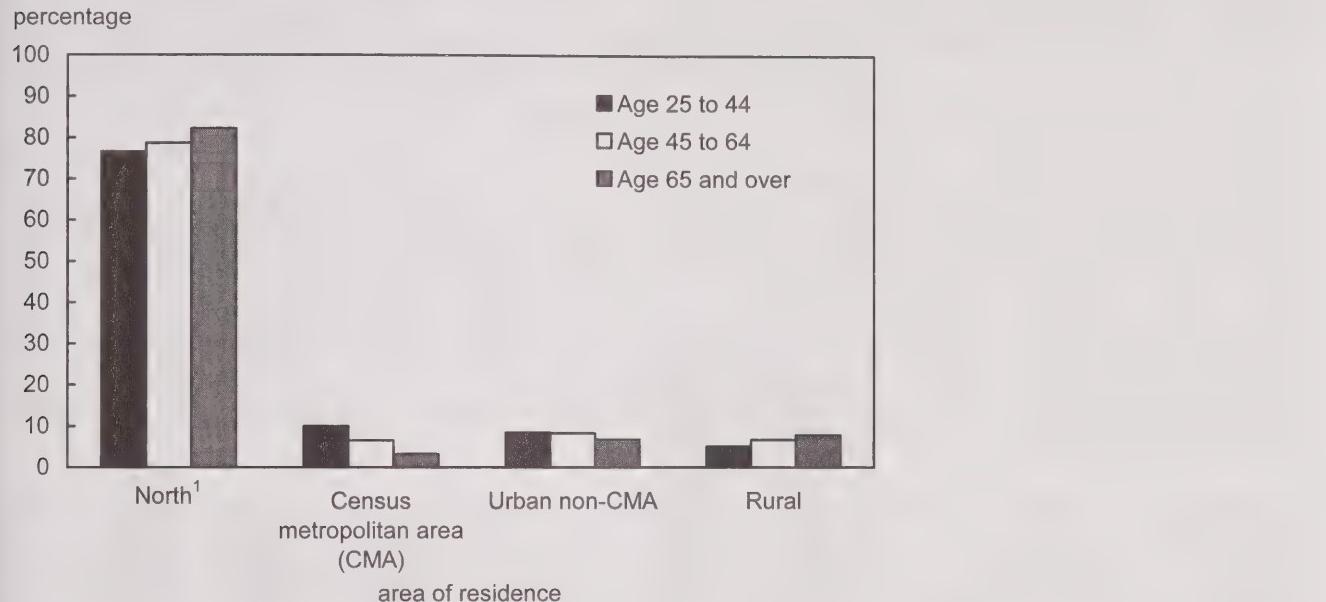
Chart 6.5
Métis identity population 25 years and over, by area of residence, 2001



Source: Statistics Canada, 2001 Census of Canada.

Most Inuit seniors live in predominantly Inuit communities in the far North. In 2001, 82% of Inuit 65 years and over lived in the North, which in this report refers to the four Inuit land claim regions in Canada: Nunatsiavut in northern coastal Labrador, Nunavik in northern Quebec, Nunavut and the Inuvialuit settlement region in the Northwest Territories. Only a small percentage of Inuit seniors lived in cities outside the North – 3% lived in census metropolitan areas, while another 7% lived in smaller urban centres. Younger Inuit were more likely to live in urban areas than Inuit seniors – 18% versus 10%. (Chart 6.6)

Chart 6.6
Inuit identity population 25 years and over, 2001



1. The North refers to the Inuvialuit region of the Northwest Territories, the territory of Nunavut, Nunavik in northern Quebec, and Nunatsiavut in northern coastal Labrador.

Source: Statistics Canada, 2001 Census of Canada.

Aboriginal languages more prevalent among Aboriginal seniors

I have a grandfather who is 80 years old and I have been growing up with him for my 18 years. I cannot speak my language. I try. But I love him more than anything, and there's communication there...you can feel the love between us and I can rub his hand and we know we understand each other. But there is something missing when we cannot listen to the stories they have to tell, or explain how you are feeling about something. And it's very frustrating for me, knowing that this very important part of my culture is being lost.

*Christina Delaney, Moosonee, Ontario, 10 June 1992
(Royal Commission on Aboriginal Peoples, 1996b:156)*

The importance of language to the vitality of culture is widely accepted. Language is often recognized as a people's unique expression of distinctive world views and deeply held beliefs. Currently, Aboriginal seniors are much more likely than younger Aboriginal people to understand and speak Aboriginal languages. Aboriginal seniors are more likely to have an Aboriginal mother tongue (the language first learned in childhood and still understood), have knowledge of an Aboriginal language (the ability to carry out a conversation), and to have an Aboriginal home language (the primary language in the

home). While the declining usage of Aboriginal languages among younger Aboriginal people indicates continued losses, some Aboriginal language revitalization is evident. (Table 6.2)

In 2001, over half (54%) of North American Indian seniors reported an Aboriginal mother tongue. The percentage of North American Indians with an Aboriginal mother tongue declined with each younger age group – for example, 41% of North American Indians aged 45 to 64, and 29% of those 25 to 44 years reported an Aboriginal mother tongue.

There are significant differences in the language characteristics of North American Indians who live on reserve and off reserve. For example, over three-quarters (77%) of North American Indian seniors who lived on reserve reported having an Aboriginal mother tongue. This is compared to 30% of North American Indian seniors living off reserve. Similarly, 79% of North American Indian seniors on reserve could carry out a conversation in an Aboriginal language, compared to 32% of North American Indian seniors who lived in off reserve areas. North American Indian seniors living on reserve were also more likely to use an Aboriginal language as the primary language in the home. In 2001, 65% of North American Indian seniors on reserve reported using an Aboriginal language as their home language, compared to 18% of those living off reserve.

Métis seniors are more likely than younger Métis people to report Aboriginal language ability and usage. In 2001, 13% of Métis seniors reported having an Aboriginal mother tongue, compared to 7% of Métis 45 to 64, and 3% of those 25 to 44. The percentage of Métis seniors (65 years and over) able to carry out a conversation in an Aboriginal language (16%) is almost twice that of those in the 45 to 64 age group (9%) and three times that of 25 to 44 year olds (5%). In 2001, less than one in ten (9%) Métis seniors reported an Aboriginal language as their home language. This decreased to 4% of Métis 45 to 64 and 3% of those 25 to 44 years of age.

By contrast, the majority of Inuit in all age groups have an Aboriginal mother tongue, can carry out a conversation in an Aboriginal language, and use an Aboriginal language as their primary home language. The vast majority of Inuit who speak an Aboriginal language speak their traditional language of Inuktitut. Even though Inuktitut remains strong, one can see a decline in the usage of Inuktitut in the younger age groups. For example, while there is a small gap between the percentage of Inuit seniors 65 and over with Inuktitut as their mother tongue (78%) compared to those 45 to 64 years (76%), there is a larger gap between Inuit seniors and those aged 25 to 44 (67%).

The vast majority of Inuit seniors are able to carry out a conversation in Inuktitut. In 2001, 78% of those 65 years and over and 77% of those 45 to 64 years reported having knowledge of Inuktitut. This dropped to 70% of Inuit 25 to 44 years of age. While high percentages can speak and understand Inuktitut, lower percentages use Inuktitut as their home language. In 2001, about 73% of Inuit seniors used Inuktitut primarily in the home, compared to 68% of Inuit 45 to 64 years, and 63% of Inuit aged 25 to 44 years.

It is interesting to note that in all age groups and for every Aboriginal group, there are higher percentages of people who reported having knowledge of an Aboriginal language than the percentages who reported having an Aboriginal mother tongue. While these differences are small, this may indicate some language revitalization. In other words, Aboriginal people are learning to speak and understand Aboriginal languages later in life. The exception to this pattern is found among Inuit seniors. In this case, the percentage of Inuit 65 years and over with an Aboriginal mother tongue matched the percentage of those who reported having knowledge of an Aboriginal language (both at 78%).

Aboriginal languages remain an important priority to the off reserve Aboriginal population

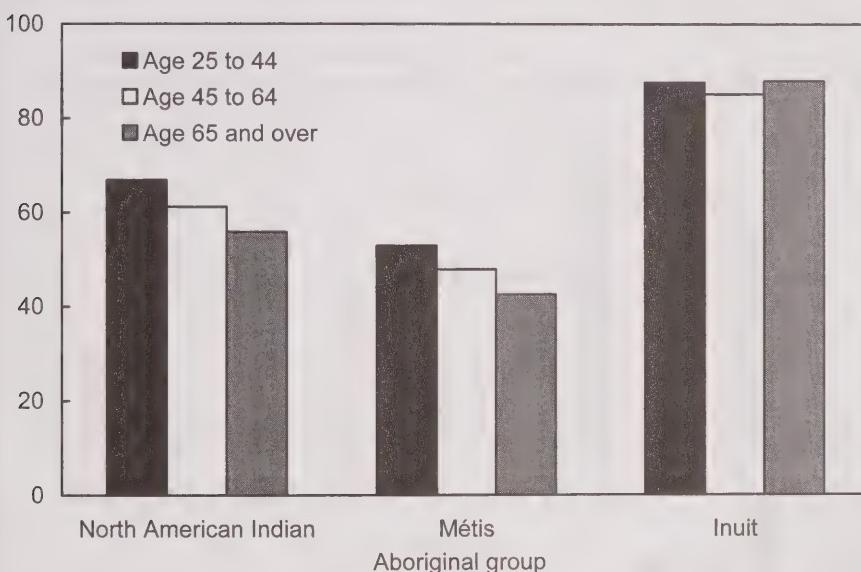
Canada's Aboriginal languages are many and diverse, and their importance to indigenous people immense. Language...is not only a means of communication, but a link which connects people with their past and grounds their social, emotional and spiritual vitality. (Norris, 1998)

There has been a decline in the use of Aboriginal languages in Canada over time. According to a recent study, at least a dozen Aboriginal languages are on the brink of extinction (Norris, 1998). While there are many reasons for the decline of Aboriginal languages, the 2001 APS showed that for many Aboriginal people, Aboriginal languages remain an important priority. The majority of Aboriginal people (59%) living off reserve thought that it was very or somewhat important to keep, learn or relearn an Aboriginal language. Inuit ranked Aboriginal languages particularly high. The vast majority of Inuit, from those aged 25 to 44 (88%) to seniors 65 and over (88%), reported that keeping, learning or relearning an Aboriginal language was very or somewhat important. (Chart 6.7)

Chart 6.7

Percentage reporting that keeping, learning or relearning an Aboriginal language is 'somewhat' or 'very' important, Aboriginal identity population 25 years and over, off reserve, Canada, 2001

percentage



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Given that Aboriginal seniors are more likely to speak an Aboriginal language, and because of the important role that seniors play as repositories of Aboriginal heritages and cultures, it is perhaps surprising that the 2001 APS showed that for the off reserve population, a higher percentage of North American Indian and Métis people in the younger age groups than those in the older age groups reported that it was 'very important' or 'somewhat important' to keep, learn or relearn an Aboriginal language.

Among North American Indians living off reserve, 67% of those aged 25 to 44 reported that Aboriginal languages are very or somewhat important, compared to 56% of North American Indian seniors 65 years and over. This pattern was also found among the Métis population. Again, those in the 25 to 44

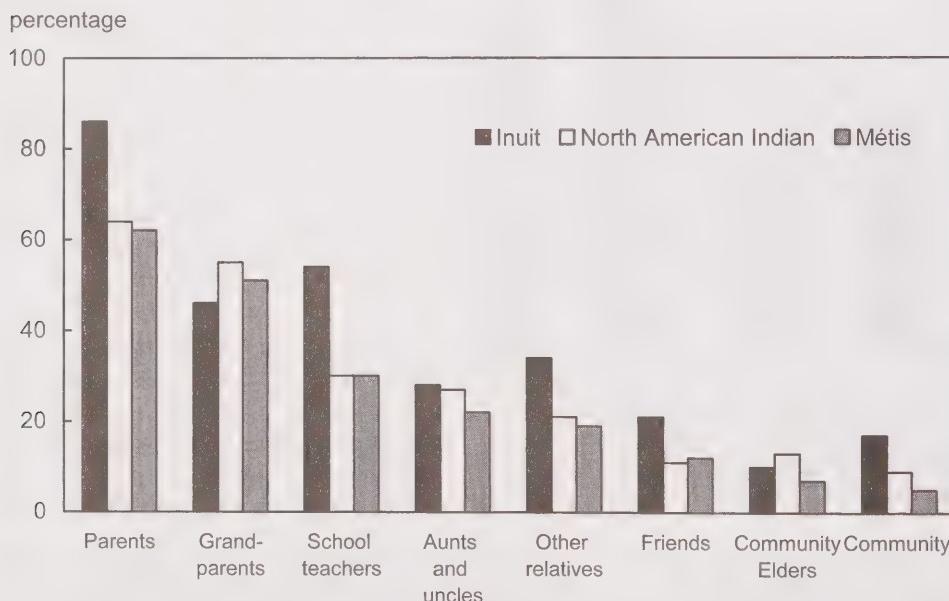
year age group had the highest percentage who reported that keeping, learning or relearning an Aboriginal language was very or somewhat important – 53% did so. This is compared to 43% of Métis seniors. (Chart 6.7)

One can speculate why North American Indian and Métis people in younger age groups gave higher importance ratings to Aboriginal languages than their seniors. It is perhaps because those in the age group of 25 to 44 years are in their childbearing years and are thus giving more consideration to intergenerational language transmission. It has also been noted that there has been a ‘cultural renaissance’ among Aboriginal people in recent decades, and younger people may be more influenced by these developments than Aboriginal seniors.

Nonetheless it is clear that Aboriginal seniors play an important role in passing Aboriginal languages onto the next generation. The 2001 APS revealed that off reserve, over half (55%) of North American Indian children who can understand or speak an Aboriginal language have received help from their grandparents, as did 51% of Métis children and 46% of Inuit children. About 1 in 10 Aboriginal children (10% of Inuit children, 13% of North American Indian children, and 7% of Métis children) received help learning an Aboriginal language from community Elders. (Chart 6.8) The study revealed that the more a child can rely on multiple sources for learning an Aboriginal language, the more likely they are to speak and understand an Aboriginal language well (Statistics Canada, 2004a).

Chart 6.8

Who helps Aboriginal children¹ learn an Aboriginal language? Off reserve Aboriginal identity population, Canada, 2001



1. Refers only to children who can understand or speak an Aboriginal language.

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Many off reserve Aboriginal seniors attended residential schools

The residential school system operated across Canada between 1800 and 1990, peaking in 1930 when 80 schools were in operation (Aboriginal Healing Foundation 2002). The stated purpose of the

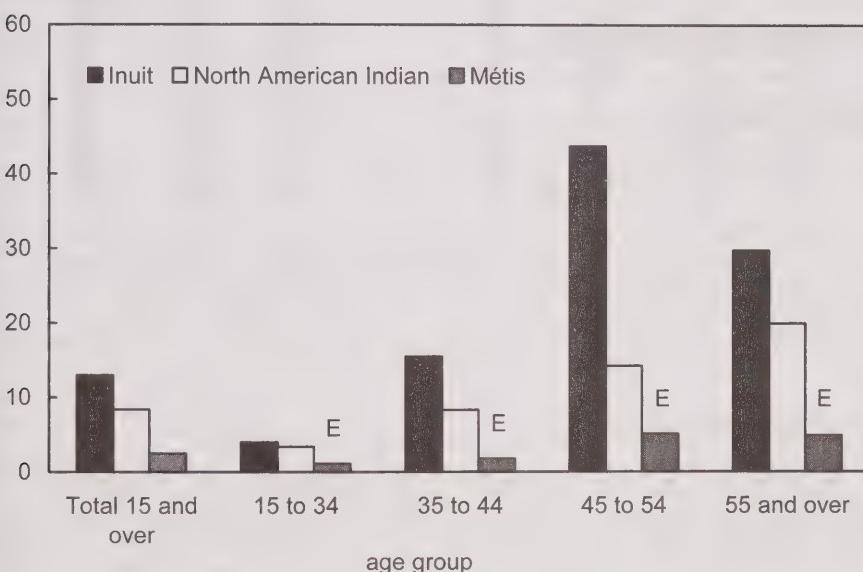
residential school system was to assimilate Aboriginal children into mainstream Canadian society. To this end, generations of Aboriginal children were prohibited from speaking Aboriginal languages in residential schools, and in many cases, were separated from their families and communities for long periods of time. While not every student had negative experiences in the residential school system, residential schools are now widely recognized as having had a negative effect on the well being of Aboriginal individuals, families and communities.

It is important to note that the following figures refer to the off reserve Aboriginal population, and exclude those living on reserve/First Nation communities.³ The 2001 APS found that 14% of Aboriginal people 55 years and over living off reserve attended a residential school, as did 11% of Aboriginal adults aged 45 to 54 years. Inuit aged 45 to 54 years were the most likely to have attended a federal residential school (44% reported that they had attended), followed by Inuit 55 years and over (30%) and North American Indians 55 years and over (20%). (Chart 6.9)

Chart 6.9

Percentage attended residential school, Aboriginal population 15 years and over, off reserve, Canada, 2001

percentage



E use with caution

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

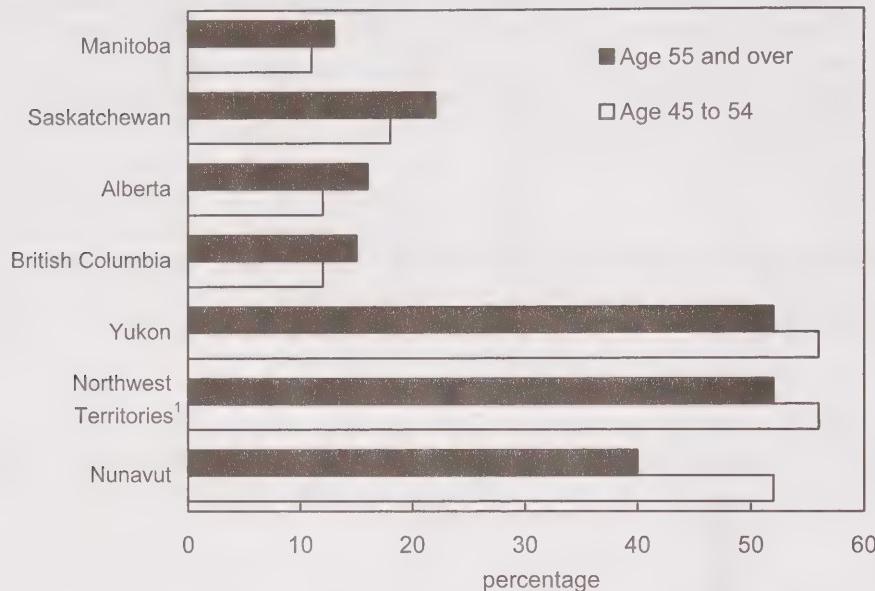
The proportion of Aboriginal people who attended residential schools varies across the provinces and territories. In the territories, for example, at least half of the off reserve Aboriginal adult population aged 45 years and over had attended residential school.⁴ (Chart 6.10)

It is perhaps because of the negative effects of the residential school system on Aboriginal languages that many former residential school students rated Aboriginal languages as important in the 2001 APS. Indeed, North American Indian seniors who had attended residential school gave higher ratings to the importance of Aboriginal languages than other seniors who had not attended residential school. About one in five North American Indian seniors (65 years and over) currently living off reserve reported that they had attended residential school. When these seniors were asked how important it was to keep,

learn or relearn their Aboriginal language, about 82% reported that it was 'very or somewhat important'. In comparison, about 45% who had not attended residential school reported that it was 'very or somewhat important' to keep, learn or relearn an Aboriginal language.

Chart 6.10

Percentage attended residential school, Aboriginal population 45 years and over, off reserve, selected provinces and territories, 2001



1. Data for the Northwest Territories includes both the on and off reserve populations. Chart 6.10 shows the provinces and territories with the highest percentage of residential school attendees.

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Continuous learning, work and participation in society

Traditionally, education was not schooling. Learning for survival happened during all the waking hours, each and every day, and all life long. Learning occurred through life experience – not in abstraction or set apart from on-going activities.” (Little Bear, 1994)

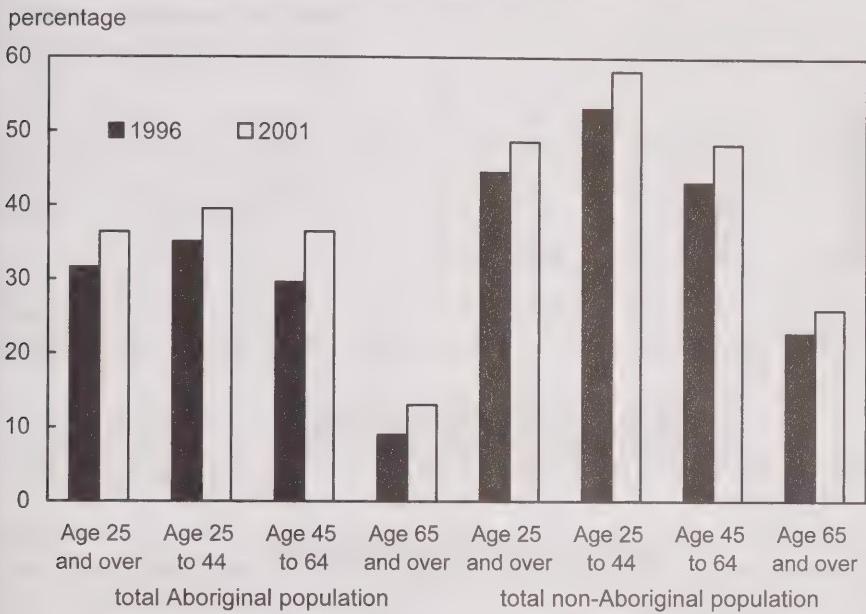
There are many types of knowledge and many things of value can be learned outside the formal setting of the classroom. Many Aboriginal seniors carry a rich history of personal experiences, and extensive understanding of the vast body of knowledge accumulated by generations of their ancestors. This makes Aboriginal seniors important keepers of traditional knowledge and philosophies; the sort of knowledge that is not easily duplicated in a classroom setting. Without diminishing the importance of this traditional knowledge, this section will examine the improving educational profile of Aboriginal people in the area of formal schooling. It will also review findings regarding the participation of Aboriginal seniors in the labour force, computer and Internet use, and harvesting and volunteer activities of Aboriginal seniors living in the Canadian Arctic.

More Aboriginal seniors with post-secondary qualifications

Increasing numbers of Aboriginal people are pursuing higher education, and successfully completing post secondary qualifications in colleges and universities. Between 1996 and 2001, the percentages of

Aboriginal people with postsecondary qualifications increased in every age group.⁵ Among Aboriginal seniors, 9% had post-secondary qualifications in 1996, and by 2001 this was up to 13%. Increases were also observed in the percentages of non-Aboriginal seniors with post-secondary schooling. As a result, the gap between the percentages of Aboriginal and non-Aboriginal seniors with post-secondary qualifications remained largely unchanged in this time period (approximately 13 to 14 percentage points). (Chart 6.11)

Chart 6.11
Percentage with post-secondary schooling, adults 25 years and over, Canada, 1996 and 2001



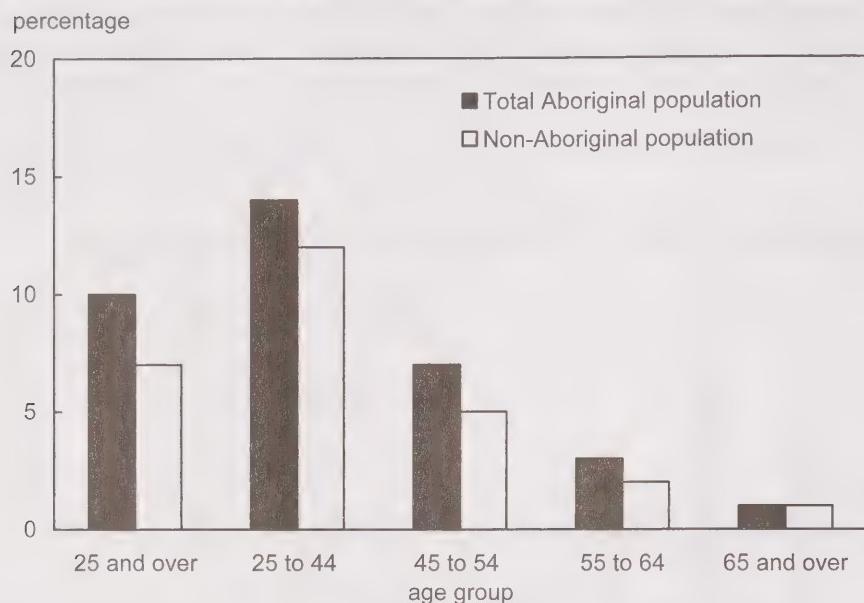
Sources: Statistics Canada, 2001 Aboriginal Peoples Survey; 1996 and 2001 Censuses of Canada.

While the percentages of Aboriginal seniors with post-secondary schooling are increasing, most Aboriginal seniors reported that their highest level of schooling was less than high school (79%). Indeed, the majority of Aboriginal seniors reported that their highest level of schooling was less than grade 9 (62%). With each younger age group, the percentage of Aboriginal people with less than a high school diploma (including those with less than grade 9) decreased. For example, among those 45 to 64 years of age, 46% have less than high school (this includes the 23% who have less than grade 9 as their highest level of formal education). (Table 6.3)

In 2001, Inuit seniors were more likely to have less than grade 9 as their highest level of schooling and less likely to have university education than their Métis or North American Indian counterparts. However, the three groups had similar levels of trades and other non-university education. (Table 6.4)

In 2001, while higher percentages of Aboriginal people 25 years and over were attending school compared to the non-Aboriginal population, only small percentages of seniors reported that they were currently attending school in both the Aboriginal and non-Aboriginal populations. Approximately 1% of both Aboriginal and non-Aboriginal people 65 years and over were attending school (full or part-time). (Chart 6.12)

Chart 6.12
Percentage attending school (full-time or part-time), Canada, 2001



Source: Statistics Canada, 2001 Census of Canada.

Nearly one in ten Aboriginal seniors participating in the labour force

In 2001, 9% of Aboriginal and non-Aboriginal seniors were participating in the labour force. In other words, almost 1 in 10 seniors were either employed or actively looking for work. The participation rate for senior women was lower than the rate for senior men (6% for Aboriginal senior women and 5% for non-Aboriginal senior women versus 12% for Aboriginal senior men and 14% for non-Aboriginal senior men). Inuit seniors had higher participation rates than North American Indian, Métis, and non-Aboriginal seniors. (Table 6.5)

Not surprisingly, participation rates were higher for those aged 45 to 64 years. In 2001, the participation rate for Aboriginal men aged 45 to 64 was 69% compared to 12% for Aboriginal men aged 65 years and over. The participation rate for Aboriginal women aged 45 to 64 years was 56% compared to 6% for Aboriginal women 65 years and over.

Participation rates for Aboriginal seniors in 2001 remained virtually unchanged since 1996. Among Aboriginal adults 45 to 64 years of age, however, there was an increase in labour force participation during this time period. In 1996, the Aboriginal population aged 45 to 64 had a participation rate of 58%, and by 2001 this had increased to 62%. Increases were observed for all Aboriginal groups in the 45 to 64 year age group and may reflect a general trend in rising participation rates among older Canadian men and women.

Unemployment rate of Aboriginal seniors double that of non-Aboriginal seniors

Overall, the Aboriginal population experiences much higher levels of unemployment than the non-Aboriginal population. Unemployment refers to being without paid work or without self-employment work even though one is available for work. A person is only considered unemployed if actively looking

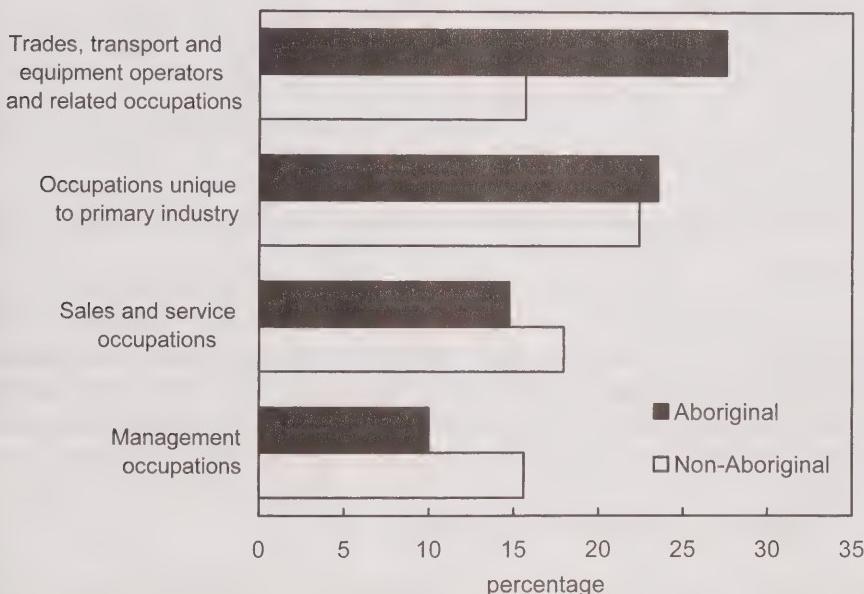
for paid work, is on temporary lay-off and expecting to return to a job, or has definite arrangements to start a new job within the next month.

In 2001, the unemployment rate for Aboriginal seniors was more than double that of non-Aboriginal seniors – 13% compared to 5%. The unemployment rate of the Aboriginal population aged 45 to 64 years was 15%, compared to 5% for the non-Aboriginal population in the same age group. Of the three Aboriginal groups, Métis seniors had the lowest levels of unemployment (5% for Métis seniors, compared to 16% for North American Indian seniors, and 14% for Inuit seniors). Generally, men have higher unemployment rates than women. (Table 6.6)

'Trades, transport and equipment operators' topped list of occupations held by Aboriginal men aged 65 years and over

For Aboriginal men who continue to work into their senior years, the most commonly reported occupations were: trades, transport and equipment operators and related occupations (28%), followed by occupations unique to primary industry (24%), sales and service occupations (15%) and management occupations (10%). (Chart 6.13)

**Chart 6.13
Selected occupations of male seniors 65 years and over, Canada, 2001**



Source: Statistics Canada, 2001 Census of Canada.

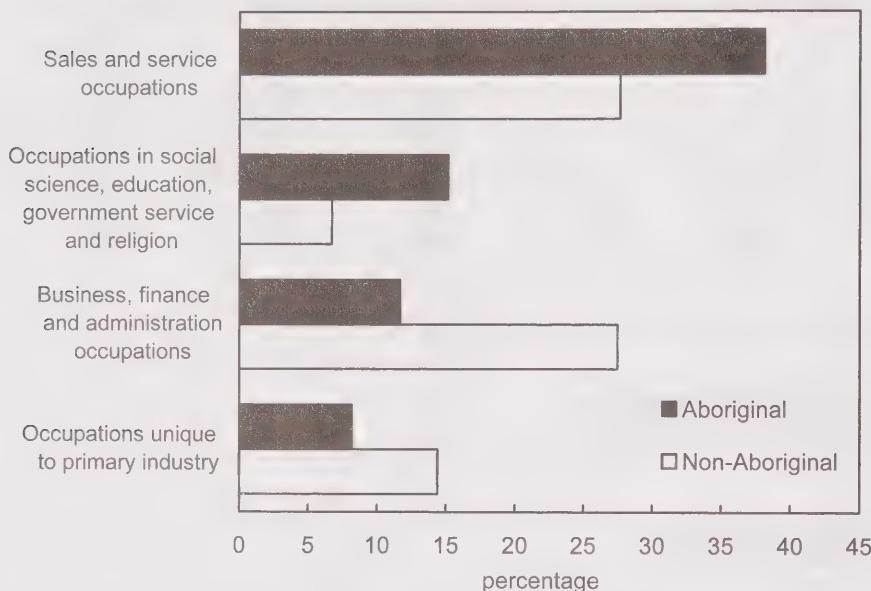
'Trades, transport and equipment operators and related occupations' also topped the list of occupations held by Aboriginal men aged 45 to 64. About 37% reported this occupation, followed by 'sales and service occupations' (14%). 'Management occupations' and 'occupations unique to primary industry' were each reported by 11% of Aboriginal men in the 45 to 64 year age group.

Aboriginal women 65 years and over working primarily in 'sales and service occupations'

Aboriginal women who continue to work into their senior years (65 years and over) were working primarily in sales and service occupations (38%), occupations in social science, education, government service and religion (15%), business, finance and administration occupations (12%) and occupations unique to primary industry (8%). (Chart 6.14)

Chart 6.14

Selected occupations of female seniors 65 years and over, Canada, 2001



Source: Statistics Canada, 2001 Census of Canada.

Similar occupations were reported by Aboriginal women aged 45 to 64 years. 'Sales and service occupations' were reported by largest proportion of Aboriginal women aged 45 to 64 (31%), followed by 'business, finance and administration occupations' (22%), and 'occupations in social science, education, government service and religion' (19%).

Most employed Aboriginal seniors working part-time or part-year

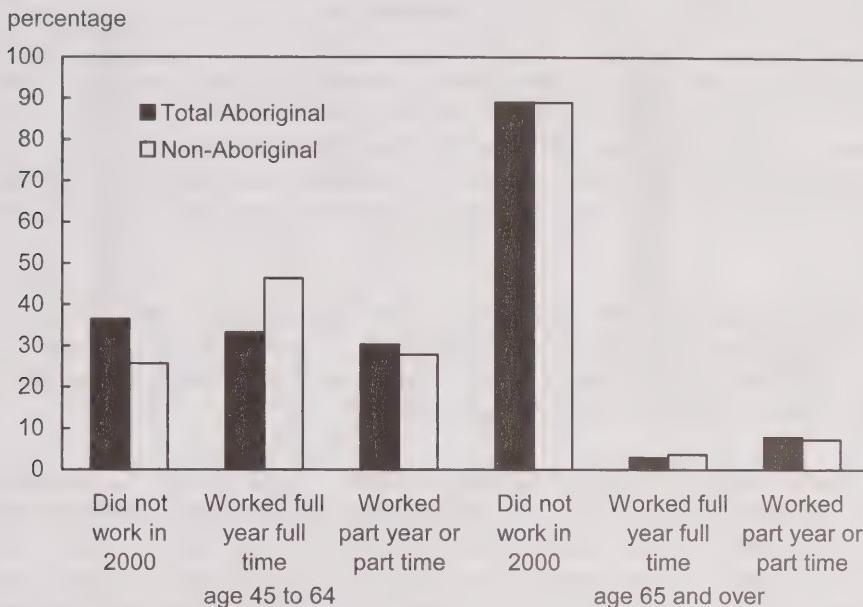
In 2001, the vast majority of seniors, both Aboriginal and non-Aboriginal, reported that they had not worked in the previous year. A small percentage of seniors were employed full-time full-year (3% of Aboriginal seniors and 4% of non-Aboriginal seniors). By contrast, 1 in 3 Aboriginal people in the 45 to 64 year age group were employed full-year full-time. (Chart 6.15)

Among Aboriginal seniors, Inuit seniors were the most likely to report that they had worked in 2000. Almost 1 in 5 Inuit seniors worked, compared to 10% of North American Indian seniors and 11% of Métis seniors. (Table 6.7)

Generally, Aboriginal people are more likely to be working part year or part time compared to non-Aboriginal people. According to the APS 2001, the majority of Aboriginal men report economic reasons,

such as being unable to find full-time work, as the reason they are currently working part-time. In comparison, Aboriginal women are more likely to report family responsibilities.

Chart 6.15
Work activity, Canada, 2001



Source: Statistics Canada, 2001 Census of Canada.

Older Aboriginal people less likely to use computers and Internet than younger counterparts⁶

Many Canadians are using the Internet to communicate with others, to perform household errands, to seek information, and to access services. As more government agencies and other organisations are relying on the Internet to reach their clients, people who do not use the Internet are at risk of being excluded from a wide range of information, programs and services. Studies have shown that Internet users tend to be younger and more highly educated than those who do not use the Internet; to be employed, have higher incomes and to live in urban centres where there is greater access to Internet service providers. According to the 2001 APS, the same is true of Aboriginal Internet users. (Crompton, 2004)

Computers are playing an increasingly important role in schools and in the workplace. In 2001, around 35% of Aboriginal adults 55 years and over had used a computer. In comparison, 69% of Aboriginal adults aged 45 to 54 years and 81% of Aboriginal adults aged 25 to 44 years had used a computer.

The majority of Aboriginal people aged 25 and over who had used a computer had also used the Internet; however, older computer users were less likely to have used the Internet compared to their younger counterparts. Of those Aboriginal adults aged 55 and over who had used a computer, 71% had also used the Internet.⁷ This represented only one in five of the entire Aboriginal adult population aged 55 and over. In comparison, more than half (55%) of the Aboriginal population aged 45 to 54 years had used the Internet, as had 71% of those aged 25 to 44.

Income levels of Aboriginal seniors lower than their non-Aboriginal counterparts

In general, Aboriginal people have lower levels of income than their non-Aboriginal counterparts, reflecting in part the lower wages received by those Aboriginal people who are employed, higher levels of unemployment within the Aboriginal population, higher percentage working part-time, and lower levels of participation in the labour force. In 2000, the median income of Aboriginal seniors was 83% that of non-Aboriginal seniors (\$14,259 compared to \$17,123). (Table 6.8)

Female Aboriginal seniors had lower incomes than other senior women as well as their male counterparts. In 2000, the median income of female Aboriginal seniors was 89% that of female non-Aboriginal seniors (\$13,185 compared to \$14,886), and 82% that of male Aboriginal seniors (\$13,185 compared to \$16,046). While male Aboriginal seniors had higher median incomes than female Aboriginal seniors, their median income was 73% that of male non-Aboriginal seniors (\$16,046 compared to \$22,064). (Table 6.8)

Levels of income varied between Aboriginal groups and age groups. Among Aboriginal seniors, North American Indians living on reserve had the lowest median income at \$13,479, and Inuit had the highest median income at \$16,776.⁸ North American Indian seniors living off reserve had a median income of \$14,264 and Métis seniors had a median income of \$14,831. (Table 6.8)

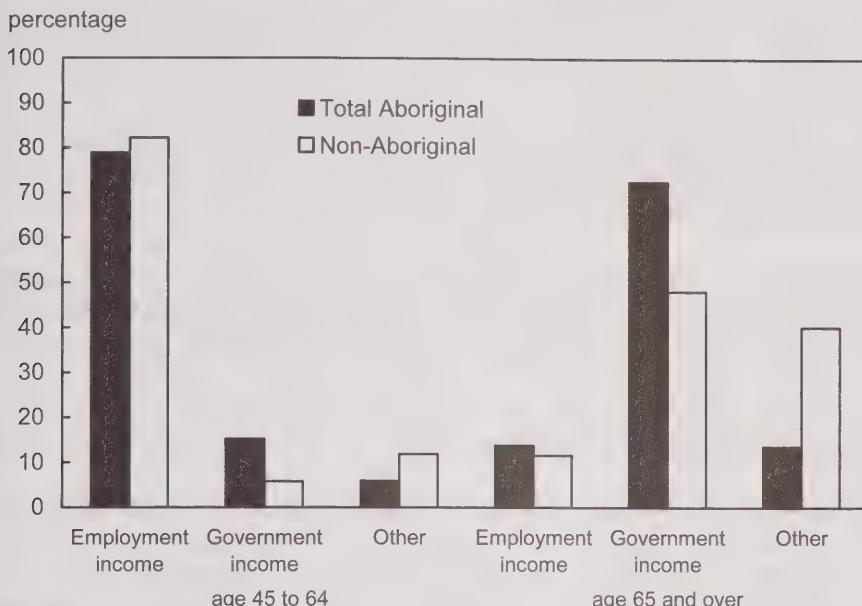
Many Aboriginal seniors rely on government transfer payments as their main source of income. Government transfer payments include such government sources as Old Age Security Pension and Guaranteed Income Supplement, or benefits from Canada or Québec Pension Plan and Employment Insurance. Both Aboriginal and non-Aboriginal seniors relied on government transfer payments as their main source of income in 2000; however, government transfer payments formed a larger proportion of the total income of Aboriginal seniors (73%) compared to non-Aboriginal seniors (48%). In 2000, while employment income formed the main source of income (79%) for Aboriginal people aged 45 to 64 years, employment income represented only 14% of the total income for Aboriginal people 65 years and over. (Chart 6.16)

Increases in the median income of seniors were observed from 1996 to 2001. The median income for male Aboriginal seniors increased by approximately 17%, from \$13,762 to \$16,046, over this time period and the median income for female Aboriginal seniors increased by 5%, from \$12,602 to \$13,185.⁹

Even with increases in median income levels from 1996 to 2001, many Aboriginal seniors in 2001 were living in low income situations. Statistics Canada uses the concept of low-income cut-off (LICO) to indicate an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. It is important to note that the incidence of LICO is not calculated for economic families and unattached individuals living in the Yukon, the Northwest Territories, Nunavut, and on reserves/First Nations.

In 2001, more than one in ten (13%) Aboriginal seniors (65 years and over) were living in family households that fell under the LICO. This is compared to 6.5% of non-Aboriginal seniors. Incidence of low income was even higher for unattached individuals. Half (50%) of Aboriginal seniors who were not living with family (including those living alone) fell under the LICO, compared to 40% of non-Aboriginal unattached individuals.

Chart 6.16
Composition of total income in 2000, Canada



Source: Statistics Canada, 2001 Census of Canada.

Harvesting activities among the Inuit

Not all work activities are captured in labour indicators such as unemployment rates and participation rates. For example, the 2001 APS found that many Inuit residing in the Arctic harvest country food such as caribou, seals, ducks, arctic char, shellfish and berries. Harvesting activities create a “mixed” northern economy where a traditional economy exist side-by-side with a wage economy. In addition to the provision of fresh food, harvesting country food also plays an important role in the expression and practice of Inuit culture. (Statistics Canada, 2006)

Harvesting of country food is a popular activity among Inuit adults of all ages; however, Inuit aged 45 to 54 years were the most likely to have harvested country food. Around 79% of Inuit aged 45 to 54 years had harvested country food in the previous year, compared to 71% of Inuit 55 years and over. Inuit youth were less likely than their more senior counterparts to be involved in harvesting practices. In 2001, around two-thirds (65%) of Inuit aged 15 to 24 had harvested country food. Men were more likely than women to have harvested country food.

Inuit seniors in the Arctic regions spend time volunteering for community groups or organizations

There are few data sources on the volunteering patterns of the Aboriginal population; however, the 2001 APS provides some insight into volunteering patterns for the Inuit population living in the Arctic regions.¹⁰

In 2001, around 39% of Inuit adults in the Arctic reported that they had spent time volunteering for community groups or organisations during the year. Studies of volunteering patterns in the general population have revealed that volunteering activities tend to rise from a low in the teenage years through early adulthood, to a peak in one's late 40s and 50s and decline thereafter (Selbee et. al.,

2001). This pattern of volunteering was reflected among Inuit living in the Arctic. More than half (52%) of all Inuit aged 45 to 54 years volunteered, compared to 44% of those aged 55 and over, 40% of those aged 25 to 40 years and 31% of those aged 15 to 24 years.

Living Arrangements and Housing

The home is where people are trying to raise families, the water they drink daily, a quiet place for study—these things are vital to health and happiness.

—The Royal Commission on Aboriginal Peoples, 1996a: 371

This section will consider the living arrangements of Aboriginal seniors, including their marital status, time spent with grandchildren and available social supports. Most of this section will focus upon the important issue of housing for Aboriginal seniors, including the adequacy of dwellings, overcrowding and water quality.

More than one in three Aboriginal seniors a widow or widower

In 2001, most Aboriginal seniors 65 years and over were either currently married (43%) or they had been widowed (34%). About 12% of Aboriginal seniors were separated or divorced. Only 11% of Aboriginal seniors had never been married; this is compared to almost half of Aboriginal people aged 25 to 44. The percentage of those who had been widowed increased by more than 5 times from the 45 to 64 age group to the population of seniors 65 and over – from 6% to 34%. (Chart 6.17)

Chart 6.17
Legal marital status, Aboriginal population 25 years and over, Canada, 2001



Source: Statistics Canada, 2001 Census of Canada.

In 2001, the vast majority of Inuit seniors (84%) were living with family members¹¹ rather than living alone or with non-relatives. This is compared to 71% of North American Indian seniors, 65% of Métis seniors and 69% of non-Aboriginal seniors. (Table 6.9)

Aboriginal children benefit from spending time with Aboriginal seniors¹²

The 2001 APS revealed that for many Aboriginal children living in off reserve areas, spending time with Elders on a regular basis has a beneficial outcome. An analysis of participation in extra-curricular activities of off reserve Aboriginal children between the ages of 6 and 14 years revealed that while sports are the most popular activity among Aboriginal children (about 71% of Aboriginal children participated in sports activities at least once per week), time spent with Elders (34%) ranked second. This was followed by art and music (31%) and clubs or youth, drum and dance groups (30%). About 21% of Aboriginal children in off reserve areas helped out in the community or school at least once a week without pay. (Statistics Canada, 2004a)

The survey found significant differences in school performance between off reserve Aboriginal children who engaged frequently in extra-curricular activities, compared with those who rarely or never did so. About half (47%) of Aboriginal children in off reserve areas who spent time with Elders four times or more a week were reported to be doing very well in school. Among those who rarely or never spent time with Elders, 38% did very well. (Statistics Canada, 2004a)

Majority of off reserve Aboriginal seniors reported having social supports¹³

The 2001 APS asked a series of questions about the types of social supports that were available to Aboriginal people. In particular, respondents were asked how often the following types of supports were available to them when they needed it:

- € someone they could count on to listen to them when they need to talk
- € someone they could count on when they need advice
- € someone to take them to the doctor if they needed it
- € someone who shows them love and affection
- € someone who they could have a good time with
- € someone who they could confide in or talk about themselves or their problems
- € someone to get together with for relaxation
- € someone to do something enjoyable with.

Across all age groups, the vast majority of Aboriginal adults 15 years and over living in off reserve areas reported that they had these supports available to them 'all of the time' or 'most of the time'.

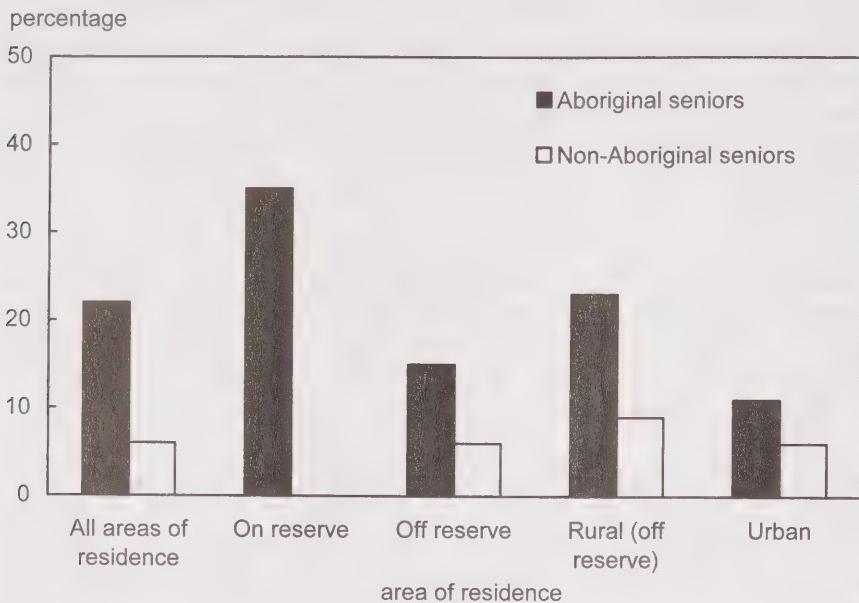
Aboriginal seniors, however, were slightly less likely than their younger counterparts to report having these supports. For example, 80% of the off reserve Aboriginal population aged 25 to 54 years reported that they have someone who will listen to them when they need to talk 'all the time' or 'most of the time' compared to 70% of off reserve Aboriginal seniors 65 years and over. (Table 6.10)

Many Aboriginal seniors living in homes requiring major repairs

Aboriginal people in Canada experience less adequate housing conditions than non-Aboriginal people. In 2001, 22% of Aboriginal seniors were living in homes requiring major repairs compared to 6% of non-Aboriginal seniors. Nearly 1 in 4 Aboriginal seniors living in rural areas were living in dwellings that required major repairs, as were more than 1 in 3 Aboriginal seniors living on reserve. While those living in urban areas were the least likely to be living in homes requiring major repairs of all of the areas of residence, more than 1 in 10 Aboriginal seniors in urban areas were living in homes that required major repairs. (Chart 6.18)

Chart 6.18

Percentage of seniors 65 years and over living in homes requiring major repairs, by area of residence, Canada, 2001



Source: Statistics Canada, 2001 Census of Canada.

In 2001, there was little variation across the different age groups in the proportions of people living in homes requiring major repairs. Consistently, however, Aboriginal people were more likely than non-Aboriginal people to be living in a home which required major repairs irrespective of the age groups. (Table 6.11)

One in three report water contamination in the far North

A safe source of drinking water is fundamental to good health. Water contamination resulting from agricultural activities, industrial discharge and so on can lead to many health problems in adults and children.

In the 2001 APS, 16% of Aboriginal people in urban areas reported there were times of the year when their water was contaminated. For Aboriginal people in rural non-reserve areas, the figure was slightly higher at 19%. However, the situation for Inuit living in the far North was somewhat different. Overall, 34% of Inuit living in the Canadian Arctic reported that there were times of year when their water was contaminated. There were some differences from one Inuit region to the next. For example, water contamination was a major issue in Nunavik (in northern Quebec), where 73% of Inuit stated that their water was contaminated at certain times of the year. This was followed by 33% in Labrador Inuit communities, 29% in the Inuvialuit region and 21% in Nunavut.

The 2001 APS also showed that the majority of Aboriginal people in urban and rural areas were confident that their water was safe for drinking. Fewer than 15% of those in urban and rural areas felt the water available to their home was unsafe for drinking. As with water contamination, water safety was more of an issue for some Inuit in the far North. About 18% of Inuit in the Canadian Arctic reported that the water available to their homes was not safe for drinking; however the proportion varied from

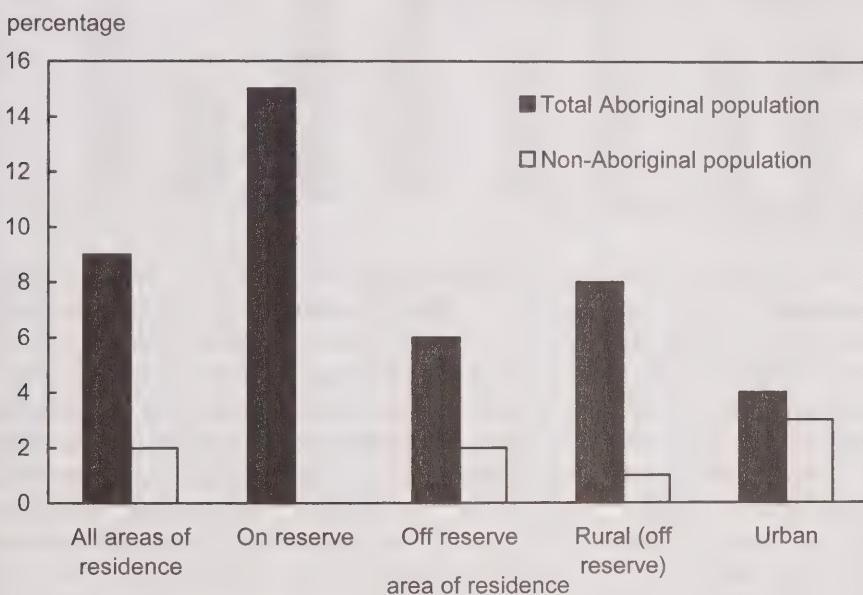
one region to another. About 37% of Inuit in Nunavik reported unsafe drinking water in their homes, compared to 16% in the Inuvialuit region, 13% in Nunavut, and 12% in Inuit communities in Labrador.

Crowded conditions

Inadequate housing can be associated with a host of health problems. For example, crowded living conditions can lead to the transmission of infectious diseases such as tuberculosis and hepatitis A, and can also increase risk for injuries, mental health problems, family tensions and violence. (Health Canada, 1999) For the purpose of this analysis, a dwelling is considered to be overcrowded if there are 1.0 or more persons per room.

In 2001, around 9% of Aboriginal seniors were living in overcrowded homes, compared to 2% of non-Aboriginal seniors. On reserve, 15% of Aboriginal seniors were living in overcrowded homes. (Chart 6.19)

Chart 6.19
Persons in overcrowded homes, seniors 65 and over, by area of residence, Canada, 2001

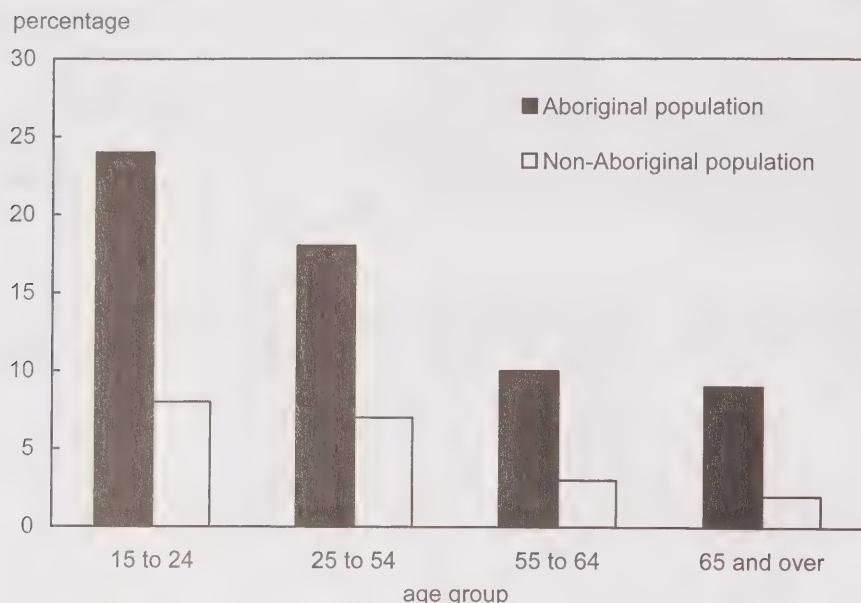


Source: Statistics Canada, 2001 Census of Canada.

Of the Aboriginal groups, Inuit seniors were far more likely to be living in overcrowded homes than North American Indian and Métis seniors – 24% compared to 10% and 4% respectively. (Table 6.12)

Younger people were more likely to be living in overcrowded homes than older people; this was true for both the Aboriginal and non-Aboriginal population. The Aboriginal population was far more likely to be living in overcrowded conditions than the non-Aboriginal population in every age group. In 2001, 9% of Aboriginal seniors 65 years and over and 10% of near-seniors aged 55 to 64 years were living in overcrowded homes, compared to 2% and 3% of their non-Aboriginal counterparts. (Chart 6.20)

Chart 6.20
Percentage of persons living in overcrowded homes, by age group, Canada, 2001



Source: Statistics Canada, 2001 Census of Canada.

Health and well-being of Aboriginal seniors (off reserve)

Research has shown that there are many factors that influence the way people rate their health status, including age, gender, and the presence of chronic conditions. There is also a strong positive link between health status and socio-economic factors, such as having high levels of education and being employed. This approach to measuring health – that is, a multifaceted approach that takes into account the contributions of economic, social, psychological and physical factors on health – is commonly referred to as the “health determinants framework.” There are parallels between the health determinants framework and traditional Indigenous notions of well-being. (Scott, 1998) For example, some Aboriginal peoples refer to the Medicine Wheel, a symbol of holistic healing that embodies physical, mental, emotional and spiritual facets of health. The natural world is also a key part of well-being because of the intrinsic connections and interrelationships between people and the environment in which they live. Well-being flows from balance and harmony among these elements. According to both approaches, health is much more than the mere absence of health problems and illnesses.

This section will examine how off reserve Aboriginal seniors reported their health status, and will examine some of the influences on health reporting. In particular, this section will consider age, income, level of education, chronic conditions and health behaviours like smoking and drinking. It is important to note that Aboriginal people living in reserve/First Nation communities are not included in this analysis.

Off reserve Aboriginal seniors less likely to report ‘excellent or very good’ health than younger counterparts

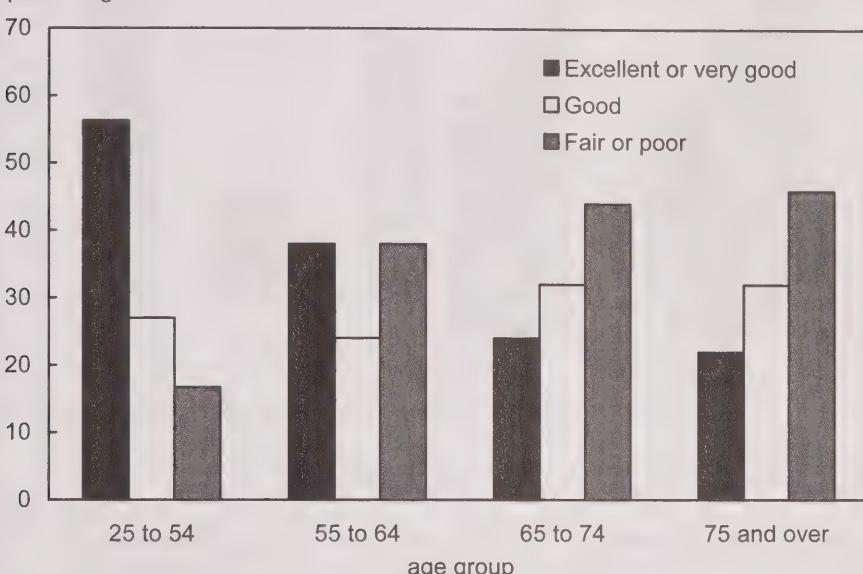
Asking people to rate their health as excellent, very good, good, fair, or poor on health surveys has been found to be a reliable indicator that permits some assessment of positive health as opposed to just the absence of disease, and one that successfully crosses cultural lines. (Health Canada 2003; Shields et. al., 2001) The 2001 APS showed that the likelihood of reporting ‘excellent or very good’

health decreased with age among the off reserve Aboriginal population. While over half (56%) of Aboriginal people 25 to 54 years reported 'excellent or very good' health, only 38% of those 55 to 64, 24% of those 65 to 74 years, and 22% of those aged 75 and over did so. Conversely, higher percentages of those in the older age groups reported that their health was 'fair or poor.' (Chart 6.21)

Chart 6.21

Self-rated health status, Aboriginal adults 25 years and over, by age, off reserve, Canada, 2001

percentage



Sources: Statistics Canada, 2001 Aboriginal Peoples Survey; Canadian Community Health Survey, 2000-2001.

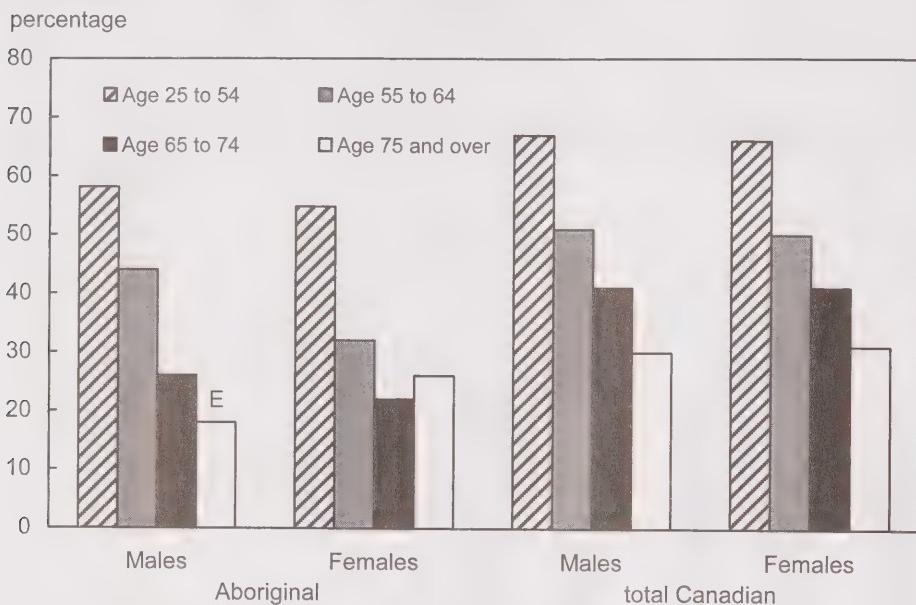
Aboriginal people tend to report lower levels of health than other Canadians. In 2001, the gaps between the percentages reporting 'excellent or very good' health were particularly large among women. For example, while 41% of the total Canadian female population aged 65 to 74 reported 'excellent or very good health', only 22% of Aboriginal women in this age group reported the same level of health. (Chart 6.22)

In 2001, similar percentages of North American Indian, Métis and Inuit people reported 'excellent or very good' health in each of the age groups. Although the North American Indian, Métis and Inuit populations reported similar levels of 'excellent or very good' health, there were differences between the groups when reporting their health as 'good' or 'fair or poor'. In particular, Inuit were more likely to report their health as 'good' than the other Aboriginal groups. (Charts 6.23, 6.24 and 6.25)

In each of the Aboriginal groups, women and men reported similar levels of excellent or very good health. The exception is between North American Indian men and women aged 55 to 64. Within this age group, 48% of men reported their health as excellent or very good compared to 26% of females (statistically significant difference). (Chart 6.26)

Chart 6.22

Percentage of the Canadian and Aboriginal off reserve population 25 years and over reporting excellent or very good health, 2000-2001

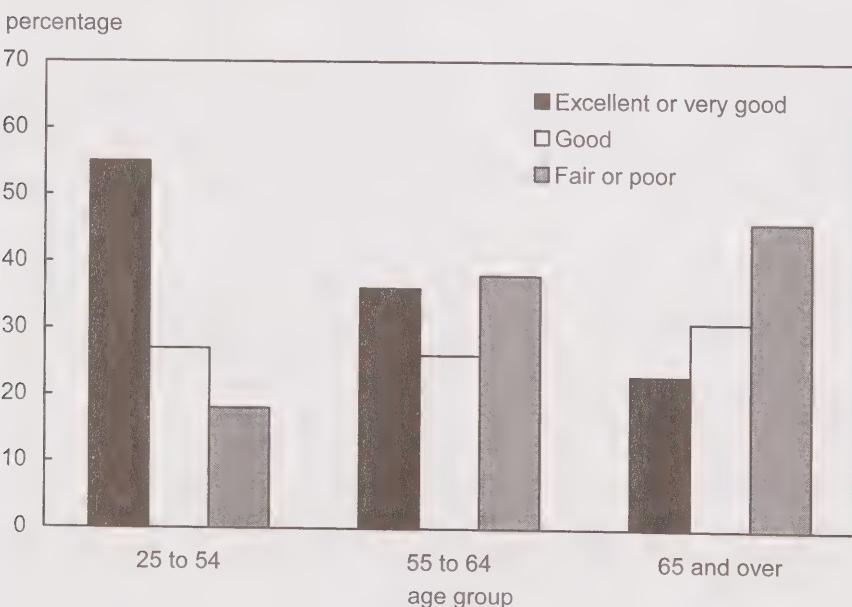


E use with caution

Source: Statistics Canada, 2001 Aboriginal Peoples Survey; Canadian Community Health Survey, 2000-2001.

Chart 6.23

Self-rated health status, North American Indian population 25 years and over, off reserve, Canada, 2001

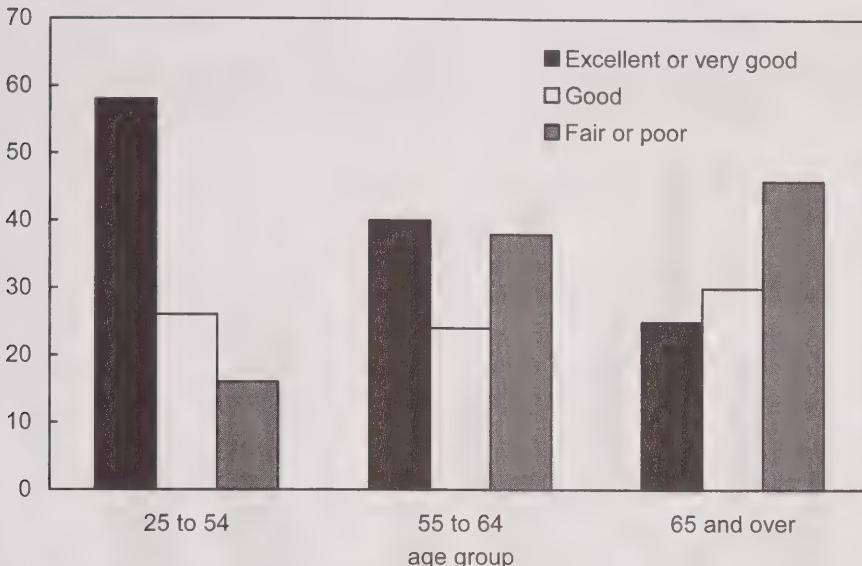


Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Chart 6.24

Self-rated health status, Métis population 25 years and over, off reserve, Canada 2001

percentage

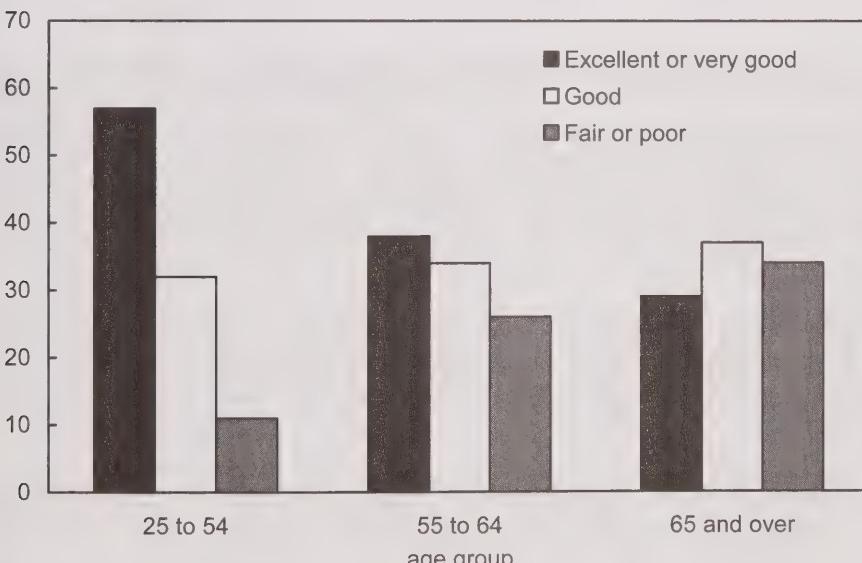


Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Chart 6.25

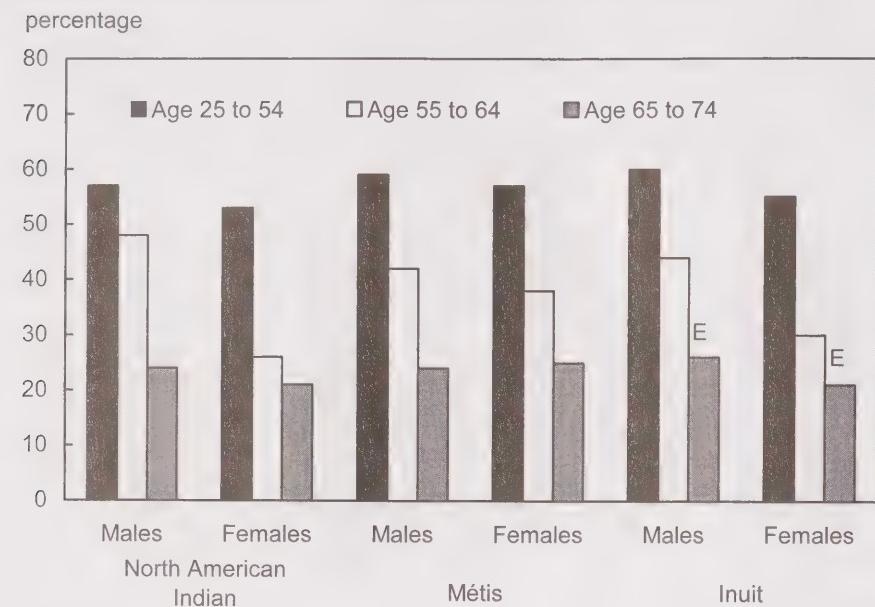
Self-rated health status, Inuit population 25 years and over, off reserve, Canada 2001

percentage



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Chart 6.26
Percentage reporting excellent or very good health, Aboriginal adults 25 years and over, by Aboriginal group and sex, Canada, off reserve, 2001



E use with caution

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Arthritis or rheumatism most commonly reported chronic condition among off reserve Aboriginal seniors

The APS 2001 found that the vast majority of off reserve Aboriginal seniors (87%) are currently living with one or more chronic conditions. The most common chronic conditions reported by Aboriginal seniors living off-reserve were: arthritis and rheumatism (53%), heart problems (50%), high blood pressure (42%), diabetes (22%) and stomach problems or intestinal ulcers (16%). Arthritis or rheumatism was the chronic condition reported by the highest percentage of Aboriginal women seniors (58%), and heart problems topped the list for Aboriginal men (54% of Aboriginal men 65 years and over) (Table 6.13).

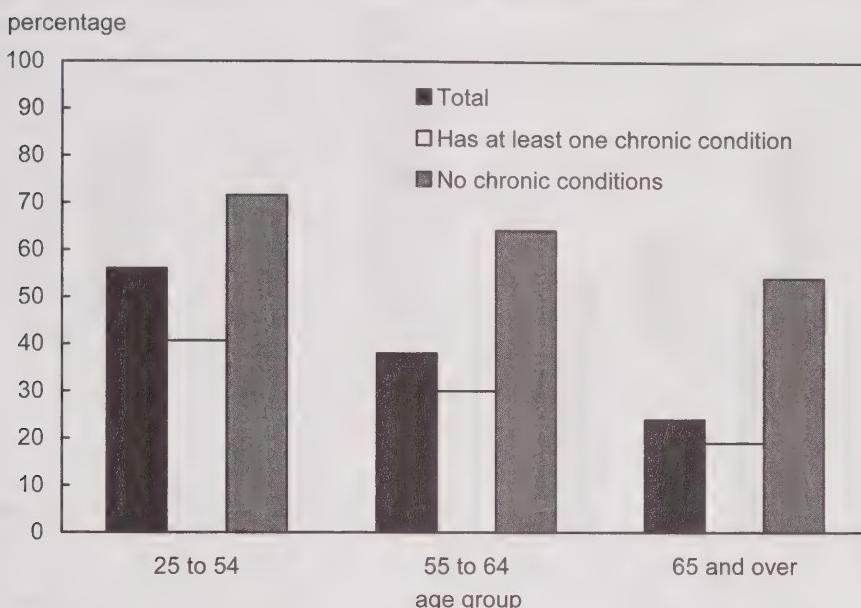
In 2001, Inuit seniors reported lower levels of chronic conditions than North American Indian or Métis seniors. For example, over half of North American Indian seniors (57%) and Métis seniors (50%) had been diagnosed with arthritis or rheumatism, compared to 32% of Inuit seniors. Large gaps were also found among those diagnosed with heart problems – 52% of North American Indian and 50% of Métis seniors had been diagnosed with heart problems, compared to 26% of Inuit seniors. (Table 6.14) These differences may be in part due to limited access to health professionals in the Arctic regions where most Inuit seniors reside. In other words, there may be many undiagnosed chronic conditions among Inuit seniors.

It is not surprising that people living with chronic conditions tend to rate their health as lower than those who do not have chronic conditions. This is true for all age groups, not only for seniors. For example, over half of off reserve Aboriginal seniors who have not been diagnosed with any chronic conditions reported their health as ‘excellent or very good’. By comparison, only about 1 in five of off reserve

Aboriginal seniors who have been diagnosed with a chronic condition reported 'excellent or very good' health. (Chart 6.27)

Chart 6.27

Percentage reporting excellent or very good health, by chronic conditions, Aboriginal population 25 years and over, off reserve, Canada, 2001



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

About 70% of off reserve Aboriginal seniors reported disabilities

Difficulties hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities can limit everyday activities, both within and outside the home. These activity limitations and participation restrictions can have a profound impact on people's lives, affecting mobility, independence, employment, income levels, leisure activities and psychological well-being. (Statistics Canada, 2004, b) Respondents who reported such activity limitations and/or participation restrictions on the 2001 APS were considered to have a disability.¹⁴ Readers should note that it is not possible from these questions to determine the type or severity of disability. A review of various survey findings has also shown that different surveys produce different disability prevalence rates (Rietschlin et. al., 2004); as a result, findings in this section are not directly comparable to other survey results.¹⁵

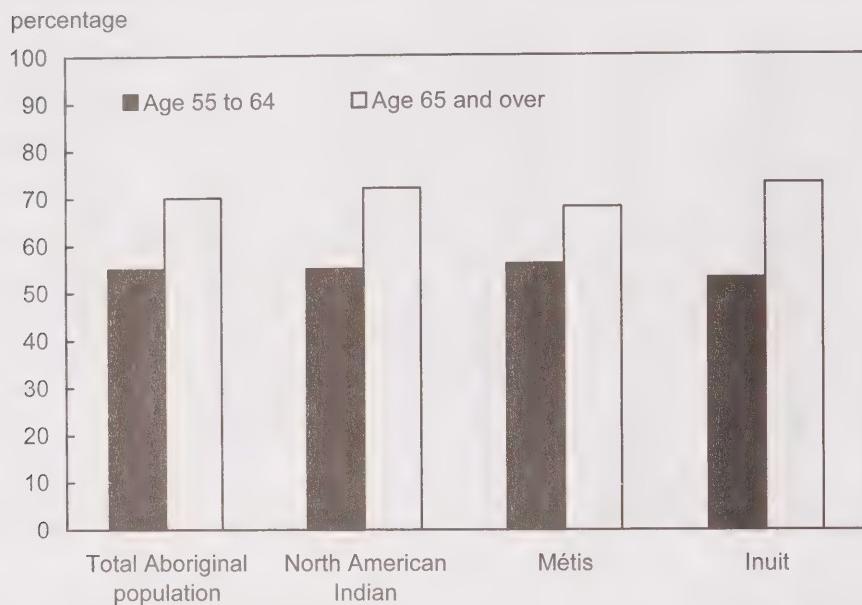
The 2001 APS showed that disabilities were more common among Aboriginal people 65 years and over than for those aged 55 to 64 years. In 2001, 70% of Aboriginal seniors indicated they had a disability, compared to 55% of Aboriginal adults aged 55 to 64 years. The rates of disabilities among the North American Indian, Métis and Inuit populations 55 and over were similar. (Chart 6.28)

According to findings from the 2001 APS, those with disabilities report lower levels of health than those who do not have a disability. For example, of off reserve Aboriginal seniors who reported having a disability, 18% reported their health as 'excellent or very good.' By comparison, 40% of off reserve Aboriginal seniors without disabilities reported 'excellent or very good' health. (Chart 6.29) Conversely,

higher percentages of Aboriginal seniors with disabilities reported ‘fair or poor’ health than Aboriginal seniors without disabilities – 51% compared to 23%. (Chart 6.30)

Chart 6.28

Percentage of Aboriginal population reporting a disability, 55 years and over, by Aboriginal group, Canada, off reserve, 2001



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Living below the low income cut-off affects the health of some Aboriginal seniors

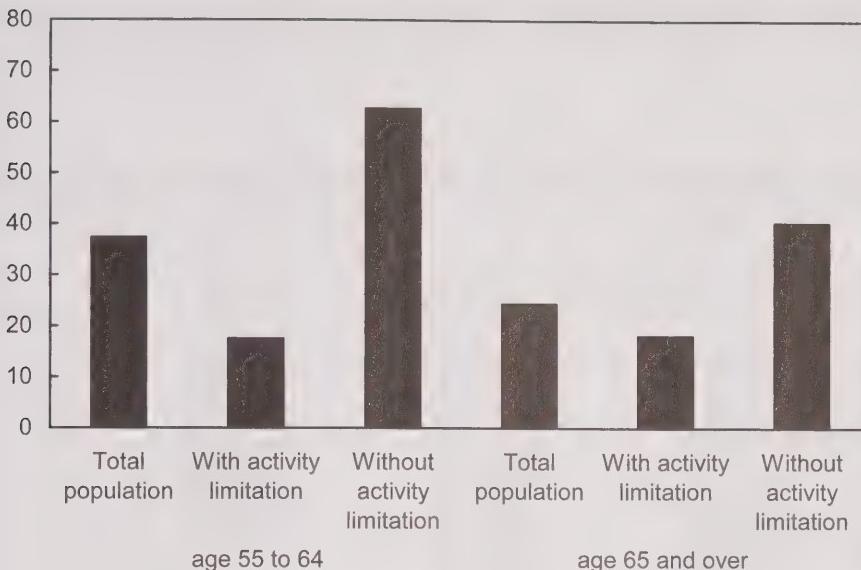
Evidence shows that people with higher socio-economic status tend to report better health than do those at lower socio-economic levels. (Shields et. al., 2001) One indicator of socio-economic status is level of income. While income level may reveal much about one’s living circumstances, particularly if one is living in a low-income category, it is important to remember that in some regions of Canada there is also a traditional economy existing in parallel with the wage economy. For example, in the Arctic regions many Inuit rely on harvesting activities, which not only contribute to their economic situation, but have cultural importance as well. (Statistics Canada, 2006) These activities are not necessarily reflected in conventional income data. That being said, for many Aboriginal seniors, income levels reflect an important facet of health and well-being.

In keeping with the well-documented finding that socio-economic status is linked to health status, the APS 2001 found that lower levels of self-rated health were reported among members of low-income families and low-income individuals in each of the age groups in the off reserve Aboriginal population. Generally speaking, self-perceived health ratings are higher among younger people than those in the older age groups; however, some off reserve Aboriginal seniors who were living above the low-income cut-off (LICO) reported better health than those in younger age groups who fell below the LICO. For example, while 26% of non-low income Aboriginal seniors 65 and over reported ‘excellent or very good’ health, only 22% of low-income Aboriginal adults 55 to 64 years reported the same level of health. (Chart 6.31)

Chart 6.29

Excellent or very good self-rated health status, by presence of activity limitations, Aboriginal population, off reserve, Canada, 2001

percentage

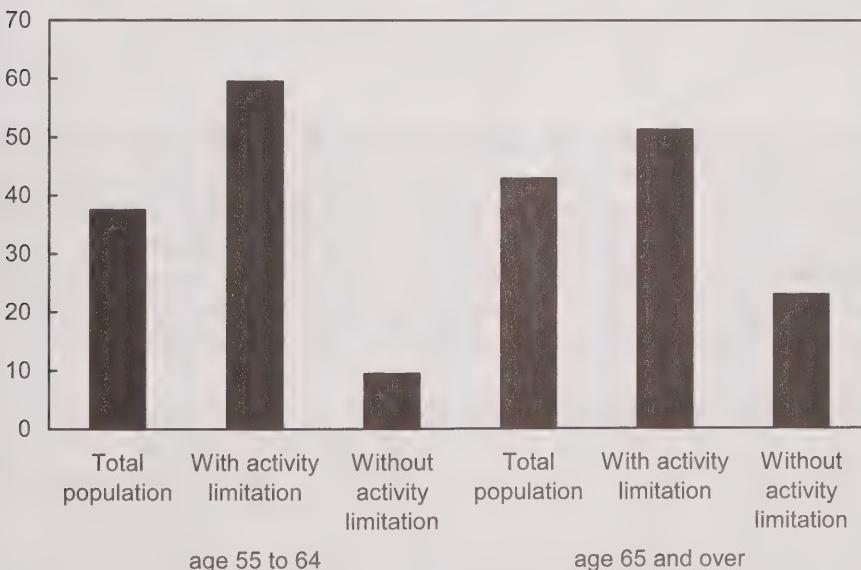


Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Chart 6.30

Fair or poor self-rated health status, by presence of activity limitations, Aboriginal population 55 years and over, off reserve, Canada, 2001

percentage



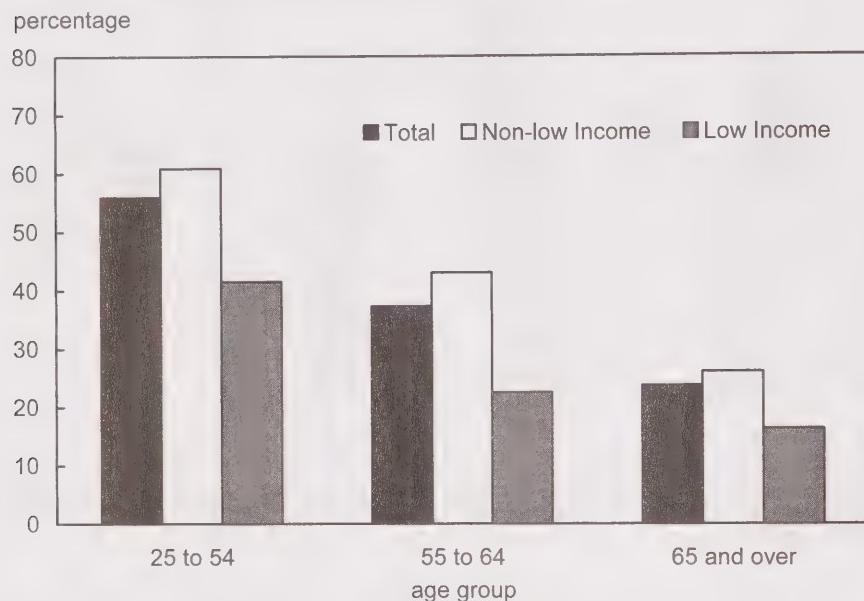
Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Levels of education linked to health status

Studies have shown that socio-economic status, including one's level of education, influences health and well-being. A recent study revealed that along with some chronic conditions, education was one of the few determinants to be significantly associated with healthy aging among both middle-aged adults (those aged 45 to 64) and seniors (65 years and over) in the general population. (Martel, 2005)

Chart 6.31

Percentage reporting excellent or very good health status, by LICO status, Aboriginal off reserve population, Canada, 2001



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

For the off reserve Aboriginal population, a significant gap exists between those with less than high school and those with a high school diploma. For the 'near seniors' population (55 to 64 years), only one-quarter with less than high school reported 'excellent or very good' health, while half of those in this age group with a high school diploma or higher reported this highest level of health status. The same pattern was evident for Aboriginal seniors 65 and over. While about 1 in 5 Aboriginal seniors with less than high school reported 'excellent or very good' health, almost 1 in 3 of those with a high school diploma or higher reported 'excellent or very good' health. (Chart 6.32)

Off reserve Aboriginal seniors with social support report better health

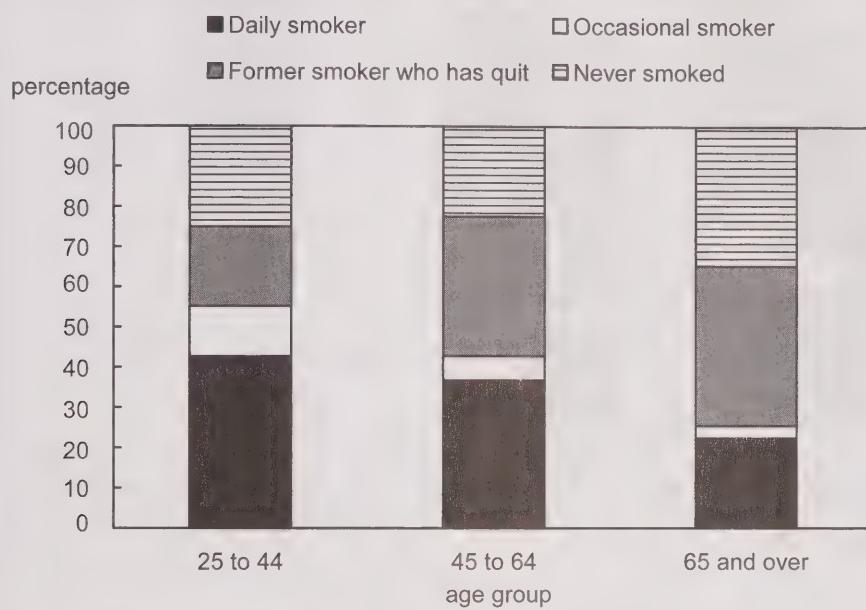
In general, how people associate with one another and the support they have available from people around them, is thought to have implications for one's well-being (Statistics Canada, 2004, c). Over the past two decades, increasing evidence suggests that people with weak social ties are at greater risk of death, even when age, physical limitation, illness, and socio-economic status are taken into account. (Wilkins, 2003)

Generally Aboriginal seniors living off reserve who had access to social support 'all or most of the time', were more likely to report their health as 'excellent or very good' than those who had almost no access

to support. For example, about 1 in 4 Aboriginal seniors who reported that they have someone who shows them love and affection 'all or most of the time' reported excellent or very good health. By contrast, among those Aboriginal seniors who reported that they have someone to show them love and affection 'almost none of the time', less than 1 in 10 reported excellent or very good health. By the same token, Aboriginal seniors who had almost no access to support were more likely to report their health as fair or poor than other Aboriginal seniors in general, and Aboriginal seniors who had sources of support 'all or most of the time'. (Table 6.15)

Chart 6.32

Smoking status, North American Indian population aged 25 and over, off reserve, Canada, 2001



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Compared to younger counterparts, off reserve Aboriginal seniors less likely to smoke

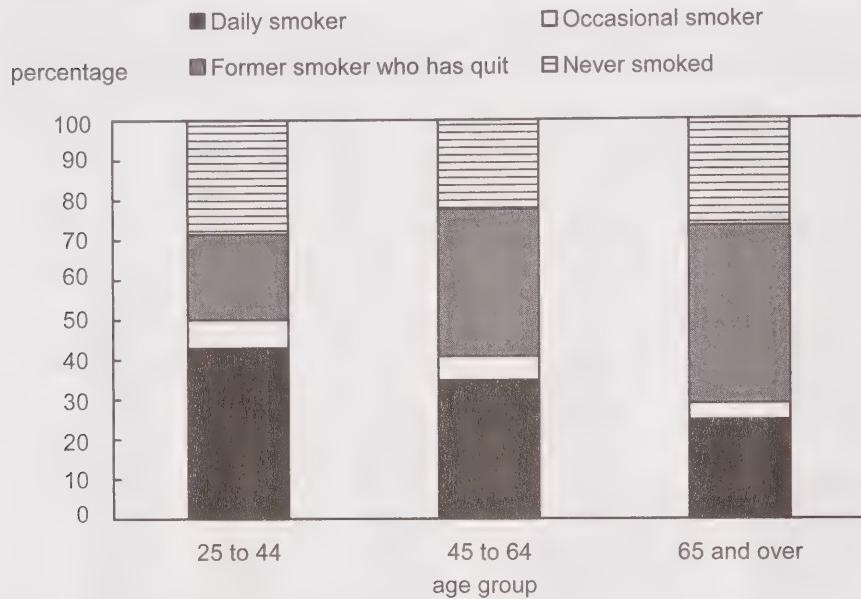
Smoking is the single most important risk factor associated with chronic illnesses and remains the number one of death in Canada. (Shields, 2004) Smoking patterns of the general Canadian population show that most smokers are daily smokers, and this pattern also holds true for the off reserve Aboriginal population. In 2001, 47% of the off reserve Aboriginal population 25 years and over reported that they currently smoke – 39% were daily smokers, and 8% were occasional smokers. By comparison, 22% of the total Canadian population 25 years and over reported that they smoke daily and 4% reported being occasional smokers. (CCHS, 2000/01) Among seniors 65 years and over, 24% of off reserve Aboriginal seniors reported being daily smokers, compared to 10% of the total Canadian population of seniors.

In 2001, more than one in five (22%) North American Indian seniors living off reserve were daily smokers, compared to 36% of North American Indians aged 45 to 64, and 41% of North American Indians aged 25 to 44. (Chart 6.32)

Among the Métis population, 24% of seniors were daily smokers, compared to 34% of those aged 45 to 64 years and 42% of those aged 25 to 44 years. (Chart 6.33)

The prevalence of smoking is particularly high for Inuit. Like the North American and Métis populations, however, the prevalence of daily smoking for Inuit was lower among seniors than any other age group. While more than one in three (36%) Inuit seniors were smokers; about half of Inuit aged 45 to 64 were daily smokers as were almost two-thirds of those aged 25 to 44. (Chart 6.34)

Chart 6.33
Smoking status, Métis population aged 25 and over, Off reserve, Canada, 2001



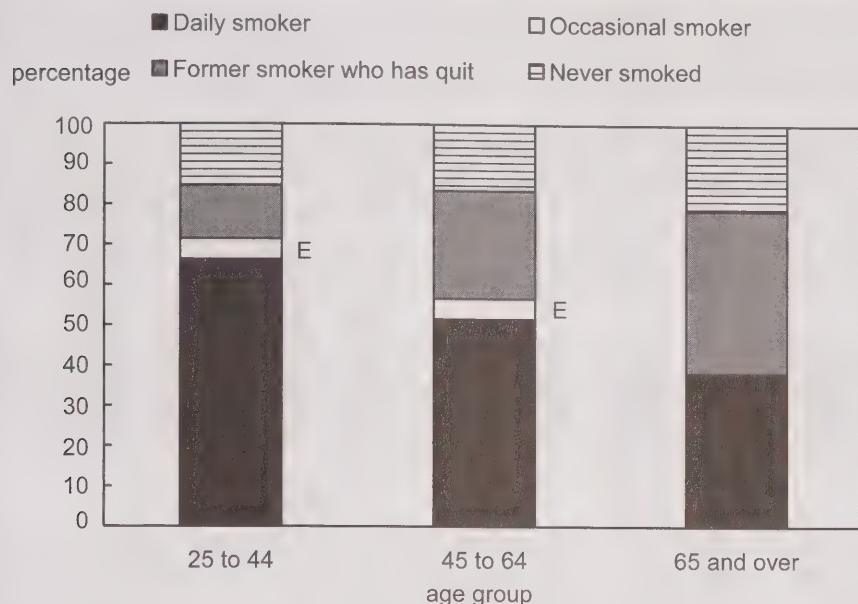
Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

The 2001 APS showed that many Aboriginal seniors had never smoked. About 1 in 5 Inuit seniors, 1 in 4 Métis seniors and 1 in 3 North American Indian seniors had never smoked.

Quitting is one of the most important steps that smokers can take to improve their health – it has been found that regardless of the age of the smoker, quitting lengthens life expectancy. (Shields, 2004) In 2001, a substantial number of Aboriginal seniors who used to smoke daily or occasionally reported that they no longer smoked. According to the 2001 APS around 39% of North American Indian seniors who had at one time been daily or occasional smokers reported that they were now non-smokers, as did 43% of Métis seniors and 38% of Inuit seniors. Higher percentages of non-smokers were found among the senior populations than any of the other age groups. (Charts 6.32, 6.33 and 6.34)

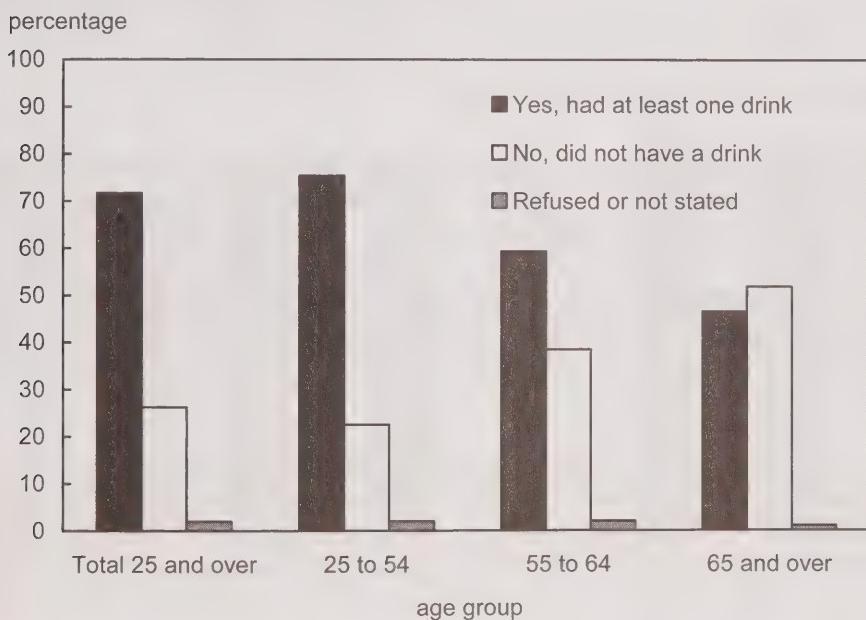
Fewer drinkers in the off reserve Aboriginal population than in general population

The majority of Canadians aged 15 years and over drink alcohol – about 77% reported in the Canadian Community Health Survey 2003 that they had an alcoholic beverage in the previous 12 months. (Tjepkema, 2004) In 2001, the percentage of the off reserve Aboriginal population 15 years and over who reported that they had a drink in the previous 12 months was lower, at 73%. The percentage of non-drinkers in the off reserve Aboriginal population increased with each older age group. For example, while about 1 out of 4 (23%) Aboriginal people aged 25 to 54 reported that they did not have a drink in the previous 12 months, over half (52%) of Aboriginal seniors reported being non-drinkers. (Chart 6.35)

Chart 6.34**Smoking status, Inuit population aged 25 and over, off reserve, Canada, 2001**

E use with caution

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Chart 6.35**Percentage who had an alcoholic beverage in past 12 months, Aboriginal population 25 years and over, off reserve, Canada, 2001**

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

The majority of off reserve North American Indian seniors do not drink – 54% of men and 60% of women reported that they did not have a drink in the previous 12 months. About 1 in 5 North American Indian women aged 65 and over were regular drinkers (one drink a month or more), and 18% reported being occasional drinkers (less than one drink a month). By comparison, 38% of North American Indian men reported being regular drinkers, and 8% reported being occasional drinkers. (Table 6.16)

Similar patterns were found among Métis seniors. Half of Métis women 65 years and over reported being non-drinkers, compared with 40% of their male counterparts. About 1 in 4 Métis senior women reported being regular drinkers (one drink a month or more) and 22% reported being occasional drinkers (less than one drink a month). This is compared to 40% of Métis men 65 and over who reported being regular drinkers, and 16% who reported being occasional drinkers. (Table 6.17)

As with the North American Indian and Métis populations, older Inuit living in the Canadian Arctic in the older age groups were less likely than their younger counterparts to drink. In 2001, 52% of Inuit aged 45 years and over living in the Arctic regions did not consume alcohol in the previous 12 months, compared to 28% of Inuit aged 25 to 44 years. Inuit women were less likely to drink than Inuit men.¹⁶ (Table 6.18)

Many studies have shown that moderate drinking is protective against certain illnesses. In fact, studies have shown that Canadian seniors who never drank alcohol were more at risk of losing their good health compared with seniors who were current or former drinkers (Naimi, 2005), and that regular use of alcohol can contribute to lowering the probability of developing certain illnesses (Martel et al., 2005). Heavy drinking, however, has been found to be more problematic.

Heavy drinking is defined as having five or more drinks on one occasion at least once a month in the past 12 months. Aboriginal seniors are much less likely than their younger counterparts to be heavy drinkers. In 2001, 17% of off reserve Aboriginal seniors aged 65 and over reported being heavy drinkers, as did 19% of Aboriginal people 55 to 64 years and 28% of Aboriginal people 25 to 54 years. In the total population, 5% of seniors 65 years and over reported being heavy drinkers.

Contact with health professionals influenced by where one lives

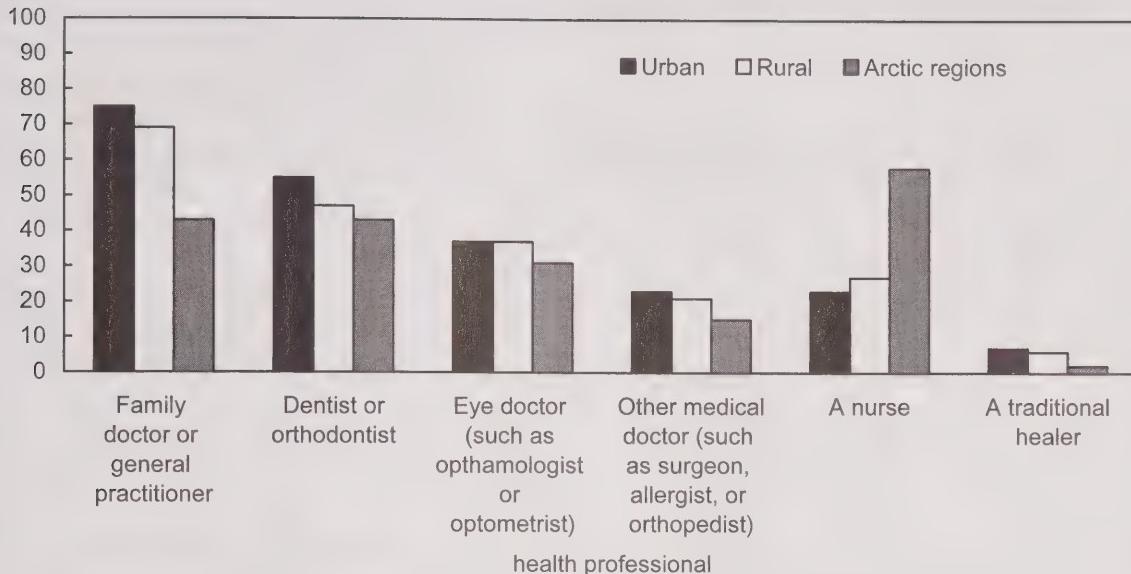
The 2001 Aboriginal Peoples Survey showed that access to health care professionals is influenced by where one is living. For example, the Aboriginal population in the Arctic regions had less contact with family doctors and general practitioners than Aboriginal people living in urban and rural areas. Aboriginal people in the Canadian Arctic are more likely to have contact with a nurse than other types of health professionals, perhaps an indication of the types of health care professionals that are accessible in the far North. In 2001, while only 43% of the Aboriginal population 15 years and over in the Arctic regions reported having contact with a doctor or general practitioner, 58% reported having contact with a nurse. (Chart 6.36)

Of the off reserve Aboriginal population, those in the older age groups were more likely to have had contact with a family doctor or general practitioner. While 72% of the off reserve Aboriginal population aged 25 to 54 reported that they had seen or talked on the telephone with a family doctor about their physical, emotional or mental health in the past 12 months, 86% of Aboriginal seniors 65 years and over did so.

Chart 6.36

Contact with health professionals, Aboriginal population 15 years and over, off reserve, Canada, 2001

percentage

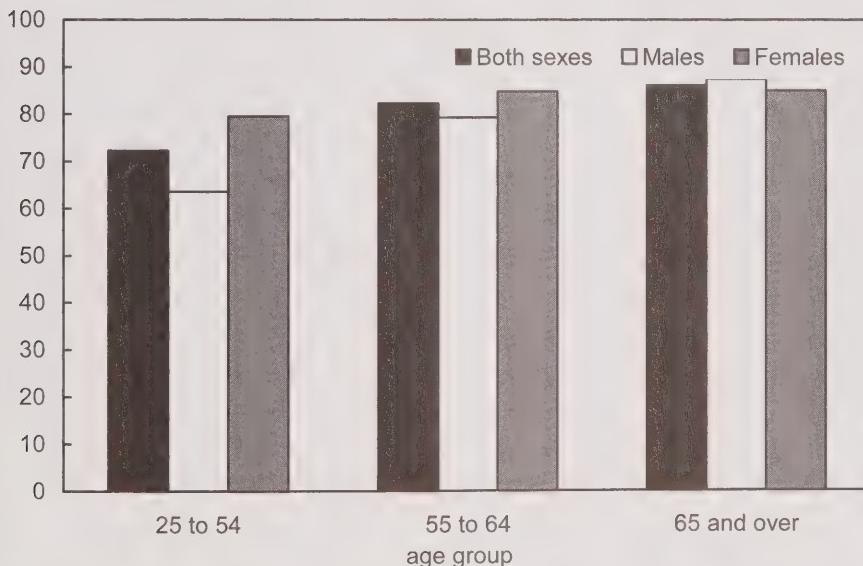


Sources: Statistics Canada, 2001 Aboriginal Peoples Survey; Canadian Community Health Survey, 2000-2001.

Chart 6.37

Contact with family doctor or general practitioner in past 12 months, Aboriginal population, off reserve, Canada, 2001

percentage



Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Chapter 6 Tables

Table 6.1

Aboriginal population 65 years and over, by province and territory, 2001

	Aboriginal seniors (Age 65 and over)	Aboriginal seniors as a percentage of the total Aboriginal population in each region	Aboriginal seniors as a percentage of all seniors in each region
	number	percent	percent
Newfoundland and Labrador	875	2.2	4.7
Prince Edward Island	80	0.2	5.9
Nova Scotia	670	1.7	3.9
New Brunswick	755	1.9	4.4
Quebec	4,555	11.5	5.7
Ontario	8,630	21.7	4.6
Manitoba	5,535	13.9	3.7
Saskatchewan	4,210	10.6	3.2
Alberta	5,135	12.9	3.3
British Columbia	7,240	18.2	4.3
Yukon Territory	345	0.9	5.3
Northwest Territories	1,020	2.6	5.4
Nunavut	625	1.6	2.8
Canada	39,675	100.0	4.1
			1.1

Source: Statistics Canada, 2001 Census of Canada.

Table 6.2**Aboriginal language characteristics, Aboriginal identity population, 25 years and over, Canada, 2001**

	Age 25 to 44	Age 45 to 64	Age 65 and over
		percent	
Aboriginal mother tongue			
Total Aboriginal identity	22	29	40
North American Indian	29	41	54
On reserve	51	66	77
Off reserve	13	23	30
Métis	3	7	13
Inuit	67	76	78
Aboriginal home language			
Total Aboriginal identity	19	22	32
North American Indian	25	31	43
On reserve	46	55	65
Off reserve	9	13	18
Métis	3	4	9
Inuit	63	68	73
Knowledge of Aboriginal language			
Total Aboriginal identity	25	32	43
North American Indian	33	45	57
On reserve	58	70	79
Off reserve	16	26	32
Métis	5	9	16
Inuit	70	77	78

Source: Statistics Canada, 2001 Census of Canada.

Table 6.3

Highest level of schooling, population 25 years and over, Canada, 2001

	Total Aboriginal identity population aged				Total non-Aboriginal population aged				65 and over
	25 and over	25 to 44	45 to 64	65 and over	25 and over	25 to 44	45 to 64		
	percent								
Less than high school	42	35	46	79	29	17	29	57	
Less than grade 9	17	9	23	62	11	3	11	32	
More than grade 9, but did not complete high school	25	26	23	17	18	14	18	25	
High school graduation	9	10	8	4	14	14	15	11	
Some post-secondary schooling	13	15	10	4	9	11	8	6	
Completed post-secondary schooling	36	39	36	13	49	58	48	26	
Trades certificate or diploma	15	16	16	7	12	13	13	9	
College certificate or diploma	14	16	12	4	16	20	15	8	
University certificate or diploma below Bachelor's degree	2	2	2	1	3	3	3	2	
University degree	6	6	6	2	18	22	17	7	

Source: Statistics Canada, 2001 Census of Canada.

Table 6.4

Highest level of schooling, Aboriginal adults 25 years and over, by Aboriginal groups and age groups, Canada, 2001

	North American Indian aged				Métis aged				Inuit aged			
	25 and older	25 to 44	45 to 64	65 and over	25 and older	25 to 44	45 to 64	65 and over	25 and older	25 to 44	45 to 64	65 and over
	percent											
Less than high school	44	37	48	82	37	29	42	75	51	44	59	87
Less than grade 9	19	10	25	66	12	4	16	53	32	21	48	82
More than grade 9, but did not complete high school	25	27	23	16	25	25	26	21	18	23	11	5
High school graduation	8	9	7	4	11	13	9	5	5	6	4	0
Some post-secondary schooling	13	16	10	3	12	14	9	4	14	17	9	2
Completed post-secondary schooling	34	37	35	11	40	44	40	16	30	33	28	10
Trades certificate or diploma	14	15	15	5	16	17	17	9	15	15	15	6
College certificate or diploma	13	15	12	3	16	19	13	5	12	14	9	4
University certificate or diploma below bachelor's degree	2	2	2	1	2	1	2	1	1	1	1	0
University degree	5	6	6	2	7	7	7	2	2	3	2	1

Source: Statistics Canada, 2001 Census of Canada.

Table 6.5

Participation rate, by age group, sex and Aboriginal group, Canada, 2001

	Total Aboriginal population	North American Indian	Métis	Inuit	Total non- Aboriginal
percent					
Age group					
25 to 44 - Total	75	72	82	77	86
Males	82	78	88	82	92
Females	69	66	76	73	81
45 to 64 - Total	62	59	68	65	72
Males	69	66	74	72	80
Females	56	53	61	58	64
65 and over - Total	9	8	10	15	9
Males	12	11	14	17	14
Females	6	6	6	13	5

Source: Statistics Canada, 2001 Census of Canada.

Table 6.6

Unemployment rate, by age group, sex and Aboriginal group, Canada, 2001

	Total Aboriginal population	North American Indian	Métis	Inuit	Total non- Aboriginal
percent					
Age group					
25 to 44	18	21	13	22	6
Males	21	24	14	25	6
Females	16	18	12	18	6
45 to 64	15	17	11	16	5
Males	18	20	14	18	6
Females	11	13	8	14	5
65 and over	13	16	5	14	5
Males	14	19	7	8	5
Females	10	12	3	19	6

Source: Statistics Canada, 2001 Census of Canada.

Table 6.7
Work activity, by age group and Aboriginal group, Canada, 2001

	Total Aboriginal	North American Indian	Métis	Inuit	Non-Aboriginal
		percent			
Age group					
25 to 44	100	100	100	100	100
Did not work in 2000	25	29	17	21	12
Worked full year full time	34	31	42	32	54
Worked part year or part time	41	41	41	48	34
45 to 64	100	100	100	100	100
Did not work in 2000	36	40	31	32	26
Worked full year full time	33	30	38	32	46
Worked part year or part time	30	30	31	36	28
65 and over	100	100	100	100	100
Did not work in 2000	89	90	88	81	89
Worked full year full time	3	3	3	5	4
Worked part year or part time	8	7	9	14	7

Source: Statistics Canada, 2001 Census of Canada.

Table 6.8
Median income, by sex, age group and Aboriginal group, Canada, 2001

	Total Aboriginal population	North American Indian on reserve	North American Indian off reserve	Métis	Inuit	Total non- Aboriginal
			dollars			
Total						
Age 25 to 44	17,820	13,670	17,984	21,640	17,536	28,926
Age 45 to 64	16,886	12,605	16,367	20,942	17,753	29,873
Age 65 and over	14,259	13,479	14,264	14,831	16,776	17,123
Males						
Age 25 to 44	20,530	13,102	21,986	27,739	18,253	35,062
Age 45 to 64	21,521	14,256	22,629	28,441	23,655	38,310
Age 65 and over	16,046	14,773	16,092	16,963	19,252	22,064
Females						
Age 25 to 44	15,901	14,183	15,702	17,676	17,084	22,970
Age 45 to 64	13,526	11,353	13,100	15,720	13,474	21,599
Age 65 and over	13,185	12,596	13,287	13,615	14,126	14,886

Source: Statistics Canada, 2001 Census of Canada.

Table 6.9

Family status of seniors 65 years and over, Canada, 2001

	Total Aboriginal population	North American Indian	Métis	Inuit	Total non-Aboriginal population
percent					
Living with family					
With husband or wife	42	41	44	46	57
With common-law partner	4	4	4	3	2
Lone parent ¹	14	16	10	23	5
Living with extended family members	9	10	7	11	5
Total living with family	69	71	65	84	69
Not living with family					
Living alone	28	26	31	16	29
Living with non-relatives	3	2	4	1	2
Total not living with family	31	29	35	16	31

1. Lone parent refers to a mother or a father, with no spouse or common-law partner present, living in a dwelling with one or more children. Children refer to blood, step- or adopted sons and daughters (regardless of age or marital status) who are living in the same dwelling as their parent(s), as well as grandchildren in households where there are no parents present.

Source: Statistics Canada, 2001 Census of Canada.

Table 6.10

Selected social support indicators, by age group, Aboriginal population 15 years and over, off reserve,
Canada, 2001

	All or most of the time	Some of the time	None of the time
percent			
Percentage who reported that they have someone who will listen to them when they need to talk...			
Age 15 to 24	84	9	2
Age 25 to 54	80	11	5
Age 55 to 64	73	14	9
Age 65 and over	70	14	12
Percentage who have someone they can count on when they need advice...			
Age 15 to 24	85	9	2
Age 25 to 54	79	13	5
Age 55 to 64	74	14	9
Age 65 and over	69	15	11
Percentage who have someone to take them to the doctor if they need it...			
Age 15 to 24	86	6	3
Age 25 to 54	82	8	7
Age 55 to 64	83	6	7
Age 65 and over	79	8	7
Percentage who have someone who shows them love and affection...			
Age 15 to 24	90	5	1
Age 25 to 54	87	7	3
Age 55 to 64	84	8	4
Age 65 and over	77	11	6
Percentage who have someone to have a good time with...			
Age 15 to 24	89	6	1
Age 25 to 54	83	11	3
Age 55 to 64	79	13	4
Age 65 and over	71	17	8
Percentage who have someone to confide in or talk about themselves or their problems...			
Age 15 to 24	83	10	3
Age 25 to 54	81	11	5
Age 55 to 64	78	10	7
Age 65 and over	70	14	10
Percentage who have someone to get together for relaxation...			
Age 15 to 24	84	10	3
Age 25 to 54	79	14	4
Age 55 to 64	79	12	6
Age 65 and over	71	18	7
Percentage who have someone to do something enjoyable with...			
Age 15 to 24	87	8	1
Age 25 to 54	81	12	3
Age 55 to 64	76	16	5
Age 65 and over	72	18	7

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Table 6.11

Percentage living in homes requiring major repairs, by Aboriginal group, age group and area of residence, Canada, 2001

	On reserve	Rural non-reserve percent	Urban
Total Aboriginal population			
Total - Age group	38	23	15
15 to 24	40	23	16
25 to 54	37	23	15
55 to 64	38	23	13
65 and over	35	23	11
North American Indian			
Total - Age group	38	23	16
15 to 24	40	24	17
25 to 54	37	23	16
55 to 64	38	23	14
65 and over	35	24	12
Métis			
Total - Age group	30	22	13
15 to 24	30	21	14
25 to 54	30	22	14
55 to 64	29	22	11
65 and over	25	23	10
Inuit			
Total - Age group	26	24	16
15 to 24	24	24	16
25 to 54	27	25	16
55 to 64	25	23	19
65 and over	24	23	19
Total non-Aboriginal			
Total - Age group	12	11	7
15 to 24	15	11	8
25 to 54	15	11	7
55 to 64	9	10	6
65 and over	5	9	6

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Table 6.12

Persons in overcrowded homes, seniors 65 years and over, by Aboriginal groups, Canada, area of residence, 2001

	Total Aboriginal population	North American Indian	Métis	Inuit	Non-Aboriginal population
percent					
All areas of residence	9	10	4	24	2
On reserve	15	15	...	...	...
Off reserve	6	5	4	24	2
Rural (off reserve)	8	5	5	27	1
Urban	4	5	4	13	3

... not applicable

Source: Statistics Canada, 2001 Census of Canada.

Table 6.13

Percentage with selected chronic conditions, 65 years and over, off reserve Aboriginal population and total Canadian population, 2001

	Total	Off-reserve Aboriginal seniors	Men percent	Women
Arthritis or rheumatism	53	47	58	
Heart problems	50	54	46	
High blood pressure	42	39	44	
Diabetes	22	20	24	
Stomach problems or intestinal ulcers	16	13	19	
Emphysema or shortness of breath	12	12	13 ^E	
Asthma	11	8 ^E	14 ^E	
Effects of a stroke	10 ^E	13 ^E	7	
Chronic bronchitis	8	4 ^E	11	
Cancer	6	6 ^E	6	
Tuberculosis	4	2 ^E	5 ^E	
Kidney disease	4 ^E	4 ^E	4 ^E	

^E use with caution

Sources: Statistics Canada, 2001 Aboriginal Peoples Survey; Canadian Community Health Survey, 2000-2001.

Table 6.14

Percentage with selected chronic conditions, North American Indian, Métis and Inuit populations, 65 years and over, off reserve, 2001

	North American Indian			Métis			Inuit		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
					percent				
Arthritis or rheumatism	57	51	63	50	45	54	32	24 ^E	40
Heart problems	52	60	44	50	52	48	26	30	26
High blood pressure	40	34 ^E	46	45	45	44	30	30 ^E	29 ^E
Diabetes	23	19 ^E	26	23	21	24	10 ^E	10 ^E	x
Stomach problems or intestinal ulcers	14	9 ^E	18 ^E	20	17 ^E	21	14 ^E	12 ^E	16 ^E
Emphysema or shortness of breath	13 ^E	11 ^E	15 ^E	11	14 ^E	9 ^E	16 ^E	9 ^E	22 ^E
Asthma	12 ^E	7 ^E	16 ^E	10	9 ^E	10 ^E	13 ^E	4 ^E	22 ^E
Effects of a stroke	11 ^E	17 ^E	6 ^E	8 ^E	8 ^E	7 ^E	8 ^E	x	x
Chronic bronchitis	9 ^E	4 ^E	13 ^E	7	5 ^E	9 ^E	5 ^E	x	x
Cancer	4 ^E	2 ^E	5 ^E	9	11 ^E	7 ^E	x	x	x
Tuberculosis	6 ^E	2 ^E	8 ^E	1 ^E	1 ^E	1 ^E	10 ^E	10 ^E	10 ^E
Kidney disease	3 ^E	2 ^E	3 ^E	5 ^E	5 ^E	5 ^E	7 ^E	x	x

x suppressed to meet the confidentiality requirements of the Statistics Act

^E use with caution

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Table 6.15

Self rated health status by access to social supports, Aboriginal seniors 65 years and over, Canada, off reserve, 2001

	Excellent or very good health		Fair or poor health	
	All or most of the time	Almost none of the time	All or most of the time	Almost none of the time
	percent			
Persons who have someone who will listen to them when they need to talk	27	19	42	57
Persons who have someone they can count on when they need advice	27	27	41	52
Persons who have someone to take them to the doctor if they need it	26	15	43	50
Persons who have someone who shows them love and affection	26	9	42	68
Persons who have someone to have a good time with	27	22	39	65
Persons who have someone to confide in or talk about themselves or their problems	27	25	41	52
Persons who have someone to get together for relaxation	28	17	40	60
Persons who have someone to do something enjoyable with	27	12	40	71

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Table 6.16

Type of drinker, by sex and age group, North American Indian population, off reserve, Canada, 2001

	Regular drinker (once a month or more)	Occasional drinker (less than once a month)	Non-drinker	Not stated or invalid
	percent			
Both sexes				
Total	46	24	28	4
Age 15 to 19	38	24	32	6
Age 20 to 24	56	22	14	6
Age 25 to 44	50	24	22	4
Age 45 to 64	38	22	36	4 ^E
Age 65 and over	28	12	56	2 ^E
Males				
Total	52	18	26	4
Age 15 to 19	42	20	32	6 ^E
Age 20 to 24	64	16 ^E	12 ^E	8 ^E
Age 25 to 44	56	18	22	4
Age 45 to 64	46	18	32	4 ^E
Age 65 and over	38	8 ^E	54	2 ^E
Females				
Total	40	28	28	4
Age 15 to 19	32	30	34	4 ^E
Age 20 to 24	52	28	16	4 ^E
Age 25 to 44	46	30	22	4 ^E
Age 45 to 64	32	24	40	4 ^E
Age 65 and over	20	18	60	2 ^E

^E use with caution

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Table 6.17

Type of drinker, by sex and age group, Métis population, off reserve, Canada, 2001

	Regular drinker (once a month or more)	Occasional drinker (less than once a month)	Non-drinker	Not stated or invalid
			percent	
Both sexes				
Total	50	24	22	4
Age 15 to 19	44	26	24	6 ^E
Age 20 to 24	60	26	10	4
age 25 to 44	56	26	16	4
Age 45 to 64	46	22	28	4 ^E
Age 65 and over	32	18	46	4 ^E
Males				
Total	58	18	20	4
Age 15 to 19	48	22	24	6 ^E
Age 20 to 24	72	14 ^E	8 ^E	6 ^E
age 25 to 44	62	20	14	4
Age 45 to 64	54	14	26	6 ^E
Age 65 and over	40	16 ^E	40	2 ^E
Females				
Total	44	30	24	4
Age 15 to 19	40	30	24	6 ^E
Age 20 to 24	50	36	12	2 ^E
age 25 to 44	48	30	18	4 ^E
Age 45 to 64	38	28	32	2 ^E
Age 65 and over	24	22	50	4 ^E

^E use with caution.

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Table 6.18

Consumption of alcohol in the previous 12 months, Inuit adults 25 years and over, Arctic regions, off reserve, 2001

	Did consume alcohol	Did not consume alcohol
		percent
All persons		
Age 25 to 44	69	28
Age 45 and over	46	52
Men		
Age 25 to 44	75	23
Age 45 and over	54	45
Women		
Age 25 to 44	65	33
Age 45 and over	39	58

Source: Statistics Canada, 2001 Aboriginal Peoples Survey.

Endnotes

- 1 By Vivian O'Donnell and Adriana Ballardin.
- 2 A census metropolitan area is an area consisting of one or more adjacent municipalities situated around a major urban core. To form a census metropolitan area, the urban core must have a population of at least 100,000.
- 3 Also excluded from these figures are residential school attendees living outside of the country, those living in institutions such as hospitals and prisons, and those that do not report Aboriginal ancestry or origins, among others. Based on 2001 APS and census data, the total (in both reserve and off reserve areas) still living who attended residential school is estimated to be between 80,000 and 90,000.
- 4 Data for residential school attendance are for the off reserve Aboriginal population except in the Northwest Territories where both the on and off reserve Aboriginal populations are included.
- 5 Post secondary qualifications include trades or college certificates or diplomas, university certificates or diplomas below the bachelor degree level, and university degrees at the bachelor level or higher.
- 6 The data in this section refers to the Aboriginal ancestry population.
- 7 Although there are other means of connecting to the Internet (cell phones, for example), the majority of Internet users used a computer.
- 8 The somewhat higher median income for Inuit seniors can in part be explained by a supplement paid to some Inuit seniors by their territorial government or land claim organization. This supplement can help defray the high prices that those living in the Arctic pay for items such as food, clothing, and fuel.
- 9 To compare dollar figures over time, the 1995 income data must be converted to constant 2000 dollars using the Consumer Price Index. This was done by dividing the 1995 dollar amount by the CPI for 1995 (104.2) and multiplying by the CPI for 2000 (113.5). See: Statistics Canada. 1996. *Your Guide to the Consumer Price Index* (Statistics Canada Catalogue No. 62-557-XIB)
- 10 In this article, Arctic consists of the territory of Nunavut, Nunavik in northern Quebec, Nunatsiavut in Labrador and the Inuvialuit region in the Northwest Territories.
- 11 A census family is composed of a married couple or two persons living common-law, with or without children, or of a lone parent living with at least one child in the same dwelling.
- 12 This section refers only to the off reserve Aboriginal population.
- 13 Findings in this section refer only to the off reserve Aboriginal population.
- 14 Statistics Canada uses a standard set of disability filter questions in surveys and the Census where it is desired to identify the population with disabilities. The first question focuses more or less on disability understood as 'activity limitation' while the second one addresses disability as a 'participation restriction'. In order to calculate an overall prevalence rate, the possible answers are combined with an 'or' condition so that any affirmative answer results in considering that person to have a disability. (Rietschlin et. al. 2004:3)
- 15 For example, the levels of activity limitations reported in the 2001 Aboriginal Peoples Survey were higher than those reported on the Census, where the same set of questions appeared. Possible reasons include survey context, proxy responses, placement of disability filter questions, and language/cultural issues. For a discussion of why different surveys produce different disability rates, see Rietschlin et. al. 2004.
- 16 Please note that different age groups have been used for the Inuit population than for the North American Indian and Métis populations.

Chapter 7

Immigrant seniors

In Canada, immigrants represent a considerably large group among seniors. In 2001, some 29% of individuals aged 65 to 74 and 28% of those aged 75 to 84 were immigrants, that is, they were not born in Canada and/or did not have Canadian citizen at birth. By comparison, immigrants accounted for about 17% of the non-senior population in 2001.

Throughout this report, information about immigrant seniors has been collapsed with that about Canadian-born seniors. However many immigrant seniors, and especially more recent immigrants, have different characteristics and may have had different life experiences than those born in Canada. For example, many immigrants who are now seniors did not have the same type of labour market experiences when they were younger (later entry, dissimilar occupations), needed to learn a new language as adults, tended to live in more urban areas all their lives and so on. Also some immigrant seniors, especially those who landed more recently, have had less time to save for retirement and fewer are likely to be eligible for Canadian public pension plans.

These differences between Canadian-born and immigrant seniors, as well as others, will be explored in this chapter. The chapter presents comparisons of three sub-groups of seniors: Canadian-born seniors, long-term immigrant seniors and more recent immigrant seniors. Unless indicated in the text, recent immigrants or “more recent immigrants” refer to those who came to Canada in 1981 or after. While census data allow a detailed presentation of the information for recent immigrant seniors (e.g. those who came to Canada after 1991), this is not the case for smaller surveys like the General Social Survey or the Canadian Community Health Survey.

Another subgroup which will receive some attention in this chapter are recent immigrants approaching retirement, more specifically recent immigrants aged 55 to 64.

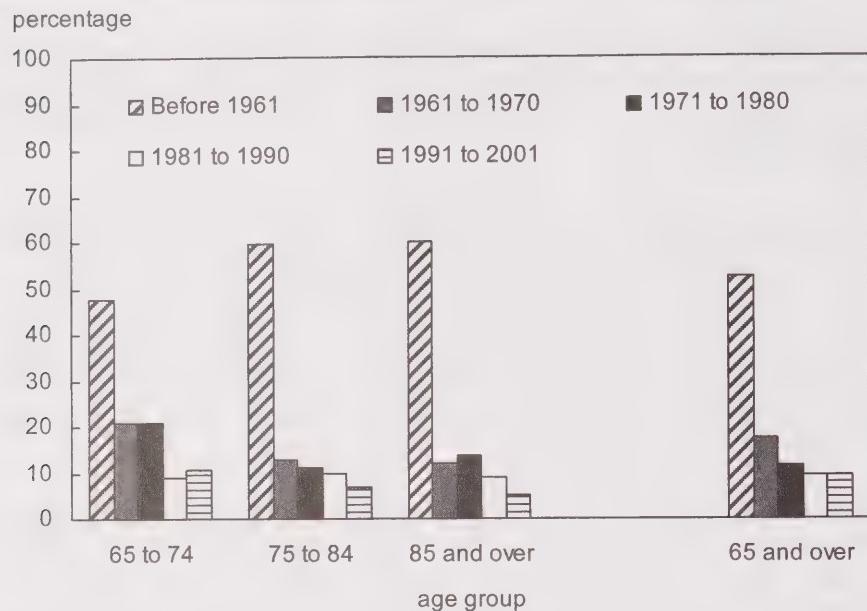
A selection of indicators, presented in Chapters 1 to 5 of this report, has been chosen for this chapter. These include health and well-being, victimization, financial security, retirement and social participation.

Part A) Demography

In Chapter One, some information about immigrant seniors was presented. Four important facts were highlighted in that chapter: 1) a relatively large share of seniors are immigrants, but most of them are long-term immigrants (Chart 7.1 and Table 1.11 in Chapter One); 2) on a year-by-year basis, seniors account for a very small share of new immigrants (for example, just 2.3% in 2004); 3) the source countries of immigration are changing, and these changes are just beginning to be reflected in the characteristics of immigrants aged 65 and older (Table 1.12 in Chapter One); and 4) there are considerable variations across the ten provinces in the extent to which immigrants represent a large share of seniors (for example, 41% in Ontario compared to 3% in Newfoundland and Labrador). Like immigrants in general, the vast majority of immigrant seniors live in Ontario, British Columbia and Québec.

The first part of this chapter presents a supplementary set of socio-demographic characteristics of immigrant seniors.

Chart 7.1
Immigrant seniors, by period of immigration and age group, 2001



Source: Statistics Canada, Census of Canada, 2001.

Immigrants by age group

The immigrant population is somewhat older than the non-immigrant population. In 2001, about one million or 19% of all immigrants were aged 65 and over. In contrast, this was the case for only 11% of non-immigrants. Given that most immigrants come to Canada as young adults and that their Canadian-born children are not immigrants, the age structure of the immigrant population is likely to be older than that of the Canadian-born population at any point in time.

The immigrant population is also aging (Chart 7.2), but at a slower pace than the Canadian-born population. The share of the immigrant population composed of seniors increased from 17% in 1981 to 18.9% in 2001 (a 1.9 percentage point increase). By comparison, 10.8% of the Canadian-born population was aged 65 and over in 2001, compared to 7.6% in 1981 (a 3.2 percentage point increase).

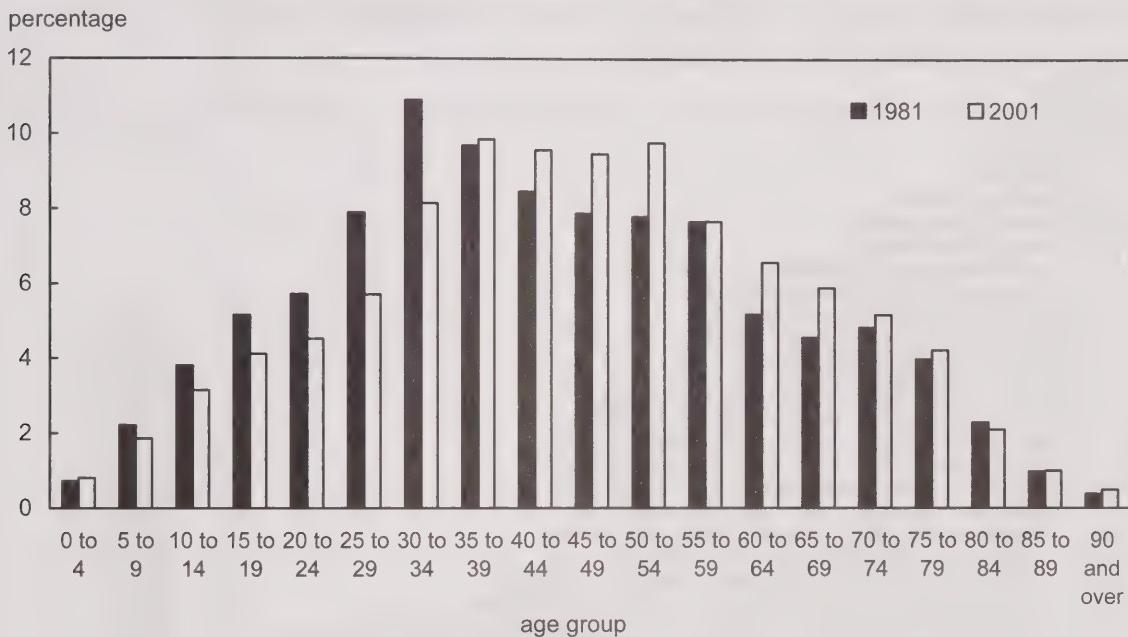
Proportion of men and women among immigrant seniors

Among immigrants, as in the total population, women represent a greater proportion of seniors than men (see Chapter 1 for details). However, women are less represented among immigrant than Canadian-born seniors. In 2001, some 51% of immigrant seniors aged 65 to 74 were women, compared to 53.7% of non-immigrant seniors. There was also a slight difference among those in the oldest age groups: 58.5% of immigrant seniors aged 75 and over were females, compared to 61.3% of non-immigrants.

Immigrant seniors in Census Metropolitan Areas¹

Immigrants are much more likely to reside in large urban areas than non-immigrants (Schellenberg, 2004a). The same is true for immigrant seniors, who are more likely to live in census metropolitan areas (CMAs) than non-immigrants; moreover, they are more likely to reside in these large urban areas now than they were 20 years ago. Specifically in 2001, 80% of immigrant seniors were living in one of Canada's 27 CMAs, compared to 69% in 1981. In contrast, only 53% of Canadian-born seniors lived in a CMA in 2001, an increase from 48% in 1981.²

Chart 7.2
Distribution of the total immigrant population, by age group, 1981 and 2001



Source: Statistics Canada, Census of Canada, 2001.

The chances of more recent immigrants living in a large urban area are, relatively speaking, even greater. In 2001, 19 out of 20 immigrant seniors who had been in Canada for 10 years or less were living in a CMA (94%). In contrast, this was the case for only 74% of those who had arrived in Canada before 1961.

More than two-thirds of immigrant seniors live in Toronto or Vancouver

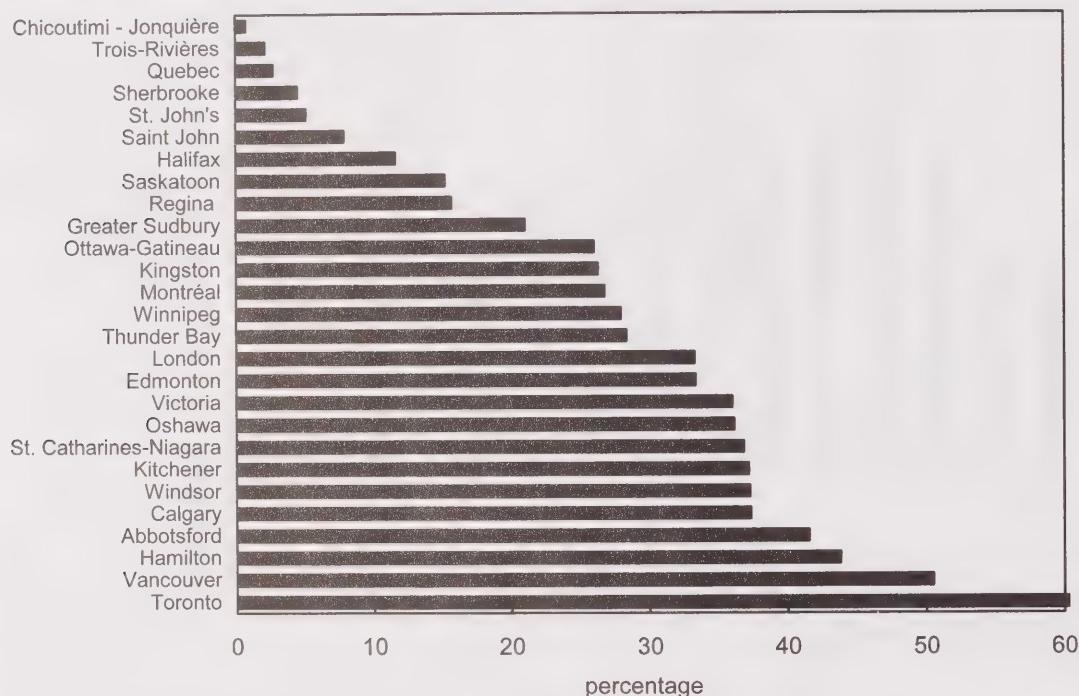
Immigrant seniors are much more likely to reside in Toronto and Vancouver than non-immigrants. In 2001, 30.4% of them were living in Toronto, compared to only 7.3% of Canadian-born seniors (Table 7.1). More recent immigrants were even more likely to live in these two metropolitan areas: among immigrant seniors who came to Canada between 1991 and 2001, 46% lived in Toronto and 22% in Vancouver.

Almost two-third of seniors in Toronto are immigrants

Not surprisingly, the proportion of seniors who are immigrants is much higher in some CMAs than in others (Chart 7.3). In Québec's CMAs (other than Montréal), immigrant seniors represented a very small minority of seniors, ranging from less than 1% in Chicoutimi-Jonquière to 4.5% in Sherbrooke.

In contrast, the proportions of immigrants among seniors in British Columbia's three CMAs were substantial in 2001: 36% in Victoria, 41.5% in Abbotsford and 51% in Vancouver. Toronto is different from all others CMAs; in 2001, 62.3% of all seniors residing in Toronto were immigrants.

Chart 7.3
Immigrants as percentage of senior population, by Census Metropolitan Area, 2001



Source: Statistics Canada, Census of Canada, 2001.

Residential mobility of immigrant seniors

Between 1996 and 2001, long-term immigrant seniors and Canadian-born seniors were similarly likely to have changed residence. Specifically, 17.3% of immigrant seniors who arrived in Canada before 1961 and 18.1% of Canadian-born seniors move from one private residence to another between 1996 and 2001 (Chart 7.4). It should be noted that these numbers do not include seniors entering long-term care facilities. Consequently, the proportion of seniors who had changed in that period is underestimated.

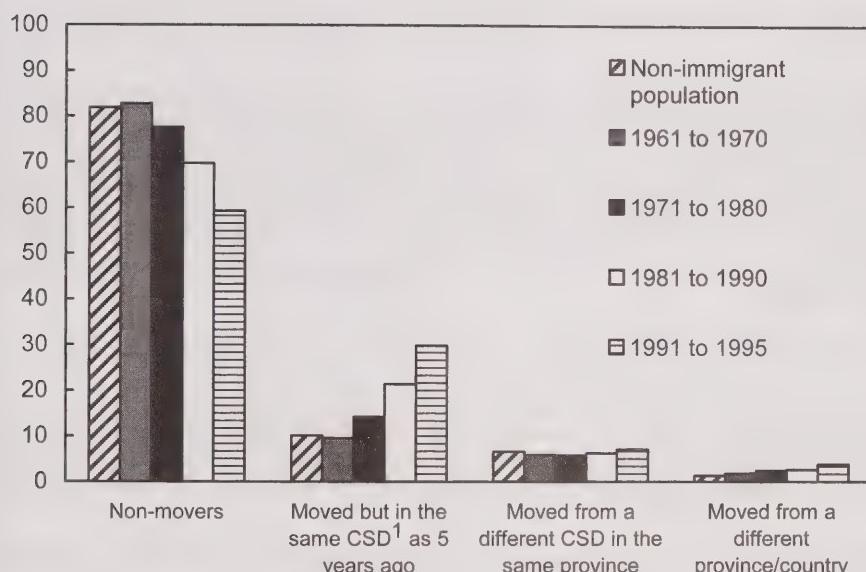
More recent immigrant seniors were, however, significantly more likely to have moved during that period. Of immigrant seniors who landed in Canada between 1991 and 1995, 40.7% changed residences between 1996 and 2001, almost twice the proportion of immigrant seniors who had landed between 1971 and 1980 (22.4%). That said, most recent immigrant seniors who changed residence did so within the same municipality or city and (like seniors in general) very few moved to another province.

Immigrant seniors and language

The vast majority of immigrant seniors have spent most of their lives in Canada and hence are able to speak English, French or both official languages. In the 2001 Census, only 4% of immigrant seniors who arrived in Canada before 1961 reported that they could not speak either English or French (Table 7.2).

Chart 7.4

Percentage of seniors who changed residence between 1996 and 2001, by immigrant status and period of arrival



1. Census subdivision (CSD) is the general term for municipalities (as determined by provincial legislation) or areas treated as municipal equivalents for statistical purposes

Source: Statistics Canada, Census of Canada, 2001.

However, being able to speak one of the official languages is significantly less common among those who have arrived in Canada more recently. For example, 50.2% of immigrant seniors who arrived in Canada between 1991 and 2001 were unable to speak either English or French.

In Toronto and Vancouver, the two cities in which recent immigrant seniors are more likely to reside, the proportions of immigrant seniors who could not speak English or French were, respectively, 22% and 26%. However, among recent immigrant seniors who arrived between 1991 and 2001 and lived in Vancouver, some 60% could speak neither English nor French.

Three quarter of recent immigrant seniors belong to a visible minority group

In 2001, almost one-quarter of immigrant seniors (23%) belonged to a visible minority group, compared to only 0.8% of Canadian-born seniors (Table 7.3). These proportions represent, for both immigrant and non-immigrant seniors, a significant increase from 1981. In that year, only 6.8% of immigrant and 0.4% of Canadian-born seniors were visible minorities.

A relatively large share of immigrant seniors from Alberta and British Columbia belong to a visible minority group (respectively, 25.5 and 30.7%). In Alberta, this proportion was five times greater in 2001 than in 1981.

More recent immigrants are much more likely to be visible minorities. Among immigrant seniors who landed in Canada in 1991 or after, 75.6% belonged to a visible minority group. This was the case for only 3% of immigrant seniors who came to Canada before 1961.

Part B) Health, wellness and security

Physical and mental health

Most immigrant seniors, especially more recent immigrants, are likely to have experienced somewhat different life courses than Canadian-born seniors. It is not possible to assess in this chapter the extent to which these differences between life courses are (or are not) associated with their current health and well-being. However, it is possible to make comparisons between the three groups with respect to physical and mental health, access to services and care, health-related behaviours and so on. The goal of these comparisons is to assess whether immigrant seniors, and particularly more recent immigrants, are at greater risk of suffering poorer health.

Self-rated health

Non-senior recent immigrants are generally in better health than the Canadian-born population in the same age range. However, their health status generally declines with the passage of time and the gap between immigrants and non-immigrants narrows as well (Pérez, 2002).

Contrary to what was observed in younger age groups, recent immigrant seniors report less positive health than non-immigrant seniors. In 2003, 28% of immigrant seniors who settled in Canada between 1981 and 2003 rated their health as either excellent or very good, compared to 38% of Canadian-born seniors and 36% of long-term immigrant seniors who had landed in Canada before 1981 (Table 7.4).

These differences between immigrants and non-immigrants cannot be explained by age differences between the two groups. In 2003, the mean age for recent immigrant seniors (those who came in Canada in 1981 or after) was 73.6 years old, compared to 73.9 for long-term immigrants (those who came before 1981) and 74.0 for non-immigrant seniors. Since recent immigrant seniors are slightly younger on average, they should in fact be more likely to report more positive health than non-immigrants, which is not the case.

A similar pattern is evident for individuals aged between 55 and 64 years old. Immigrants in that age group, especially more recent immigrants, were significantly less likely to report excellent or very good health than non-immigrants. In that age range though, the proportion of non-immigrants reporting poor or fair health was almost identical to that of recent immigrants (17% versus 18%).

The higher prevalence of low income among recent immigrants is probably a factor underlying their less positive health status. Overall, 35% of seniors in the lowest income quartile reported fair or poor health, about twice the proportion of those in the highest income quartile (17%). According to the 2003 Canadian Community Health Survey, 26% of recent immigrant seniors were in the lowest income quartile. This was the case for only 15% of non-immigrant seniors and 12% of immigrant seniors who came to Canada before 1981. Supplementary information on income is presented below in this chapter.

Chronic conditions

In 2003, the proportion of immigrant seniors affected by a chronic health condition was no different than that of non-immigrants (90.5%). This percentage, as well as others presented in this section, should be interpreted cautiously; respondents were asked to report chronic conditions that had been diagnosed by a health specialist.

Some types of chronic conditions were less prevalent among immigrant seniors than among non-immigrants (Table 7.5). For example only 12% of recent immigrant seniors reported that they had allergies (other than food), almost half the proportion reported by non-immigrant seniors (23%).

Recent immigrant seniors were also significantly less likely to report having arthritis or rheumatism (36% versus 48% of non-immigrant seniors).

On the other hand, recent immigrant seniors were more likely than either non-immigrants or long-term immigrants to suffer from high blood pressure and cataracts. In 2003, 49% of recent immigrant seniors (came to Canada between 1981 and 2003) reported that they had been diagnosed with high blood pressure, compared with 42% of Canadian-born seniors.

Dependence in daily activities

In 2003, respondents to the Canadian Community Health Survey were asked if, because of any physical condition or mental condition or health problem, they needed the help of another person to perform any everyday activities (see Table 2.1.9 in Chapter 2). Results showed that the majority of seniors were able to carry out these activities without difficulty, although the extent to which seniors needed help varied from one province to the other.

Recent immigrant seniors are more likely than long-term immigrants and non-immigrants to need another person's help to prepare meals, to do everyday housework and heavy household chores, to get to an appointment or to run errands, and to look for their personal finances (Table 7.6). For example, about 23% of recent immigrant seniors said that they needed the help of someone to do their everyday housework, compared to 15% of non-immigrant seniors and 17% of long-term immigrant seniors. Also, the proportion of recent immigrants who needed assistance for their personal finances was more than twice that of non-immigrants (19% versus 8%). Languages barriers might explain this latter difference. Less knowledge of the way Canadian financial institutions function (including banks and government agencies) could be another underlying factor.

While recent immigrant seniors are more likely to *need* assistance for some of their everyday activities, they are less likely than non-immigrants to *receive* home care that is entirely or partially funded by government. In 2003, a similar proportion of recent immigrant seniors and Canadian-born seniors (about 9%) said that they received some home services paid by the government in the past 12 months. However, among seniors who needed help with their everyday activities, the difference between immigrants and non-immigrants was greater. Specifically, only 10% of recent immigrant seniors who needed help received services from the government, compared to 20% of both Canadian-born and

long-term immigrant seniors with the same need for help. Recent immigrants might not be aware of the services available to them. Alternatively, they might have more practical difficulties in obtaining these services than Canadian-born seniors.

Mental health

As illustrated in Chapter 2.1 on health, mental health is generally more positive among people of older ages. Even if many seniors face more serious health problems, they are more likely to report higher levels of well-being and less likely to experience psychological distress.

Previous research has suggested the existence of some cultural differences in the interpretation of mental health questions, or in the willingness to report symptoms of depression or alcohol dependence (e.g. Noh et al., 1992). It is possible that recent immigrants provided different answers than the Canadian-born not only because of their objective situation but also because of cultural factors. However, it is not possible to estimate the extent to which this is the case.

Psychological distress includes feelings of nervousness, sadness, hopelessness, unworthiness, and other negative emotions. In 2002, although the level of psychological distress was somewhat low for the majority of seniors, recent immigrant seniors reported even lower levels than non-immigrant seniors. Their average score on the scale of psychological distress, which ranges from 0 (low distress) to 40 (highest distress), was 3.5, compared to 4.4 for Canadian-born seniors and 3.8 for long-term immigrant seniors.

These differences between recent immigrants and Canadian-born seniors were reflected in the answers given on many items included in the psychological distress scale. For example, about one-third (34%) of Canadian-born seniors said that they had felt tired out for no good reason either some of the time, most of the time or all of the time in the last month. In contrast, only 22% of recent immigrants reported this. Also, 23% of Canadian-born seniors said that they had felt nervous at least some of the time in the last month, significantly higher than the 15% of non-immigrant seniors who said so.

Somewhat paradoxically however, recent immigrant seniors' score on the well-being scale (higher score, on the 3 to 100 scale, means greater well-being) was slightly lower than that of Canadian-born seniors (respectively, 80.2 and 85.3). Long-term immigrant seniors' average score on that well-being scale fell in-between, at 84.4.

On various dimensions of the well-being scale, recent immigrant seniors reported slightly less positive answers than non-immigrants. For example when asked if, during the last month, they were curious and interested in all sorts of things (almost always, frequently, half the time, rarely or never), a little less than half of recent immigrant seniors (45%) said that they were almost always curious and interested, lower than the proportion of Canadian-born seniors who said so (54%). However on many other issues regarding well-being, immigrant and non-immigrant seniors showed no signs of lower levels of well-being. For example, almost the same proportion of recent immigrant seniors (60%) and non-immigrants (61%) said that they had almost always smiled easily during the last month.

In sum, recent immigrant seniors are slightly less likely than non-immigrants to suffer from psychological distress, but they are also slightly less likely to report a higher level of well-being.

Health related behaviours

Immigrant seniors generally have more positive health related behaviours than non-immigrants. In this section, information is presented on three types of health related behaviours: smoking, drinking and physical activity.

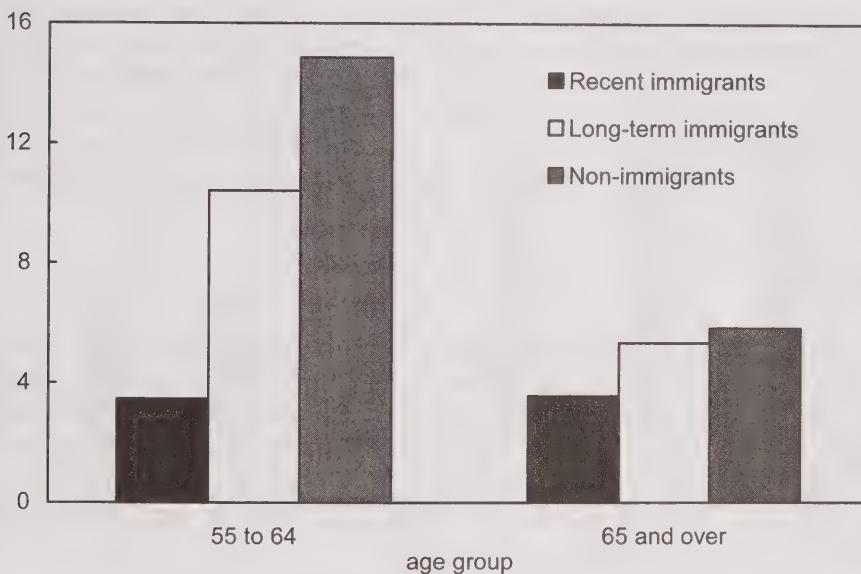
Recent immigrant seniors are less likely to be daily smokers than non-immigrants and proportionally more have never smoked (Table 7.7). In 2003, the proportion of recent immigrant seniors who had never smoked in their life was twice that of the Canadian-born (63% versus 31%). The difference between recent immigrants and non-immigrants was even more pronounced in the 55 to 64 age group: 55% of recent immigrants had never smoked, while this was the case for only 23% of non-immigrants. Long-term immigrant seniors were also less likely to be daily smokers than non-immigrants.

Secondly, recent immigrants are less likely to be heavy drinkers than non-immigrants. The difference between long-term immigrant and non-immigrant seniors is not statistically significant, but in the 55 to 64 age group, the proportion of heavy drinkers among recent immigrants was about half that of non-immigrant seniors (Chart 7.5). These differences between immigrants and non-immigrants have been reported in previous studies (Pérez, 2002), and might be explained by cultural and religious factors (particularly associated with recent immigration), which are not modified with migration.

Chart 7.5

Percentage of individuals who are heavy drinkers, by age group and immigration status, 2003

percentage



Source: Statistics Canada, Canadian Community Health Survey, 2003.

On the third indicator, physical activity, recent immigrant seniors are no different from long-term immigrant and Canadian-born seniors. In other words, they are just as likely to be physically active as the two other groups. However, long-term immigrant seniors are slightly more likely to be active or moderately active than non-immigrants. In 2003, about 46% of them were considered as active or moderately active, compared to 41% of Canadian-born seniors. Previous analysis has shown that in contrast with other health related behaviours, there is no clear pattern of convergence between the

Canadian-born and immigrants over time in terms of physical inactivity at leisure time (Pérez, 2002). The results reported here support that interpretation.

Access to health services: frequency of medical consultations and unmet health care needs

In 2003, the great majority of immigrant and non-immigrant seniors had a regular medical doctor (95%). However, the frequency with which immigrants and Canadian-born seniors consulted their doctor was significantly different. While 41% of recent immigrant seniors had reported six or more medical consultations in a year, this was the case for 35% of long-term immigrant seniors and only 31% for non-immigrant seniors (Table 7.8).

Individuals with greater medical needs were generally most likely to feel that their health care needs were not fulfilled. Indeed in 2003, the proportion of recent immigrant seniors who reported that their health needs were not satisfied was about twice that of non-immigrants (13% and 6% respectively).

Insurance coverage

Recent immigrant seniors, whose experience in the Canadian labour market was likely to have been short-term or non-existent, are much less likely than Canadian-born seniors to have health insurance of any variety. For example in 2003, only 14% of recent immigrant seniors had hospital charges insurance (Table 7.9); these proportions were over three times higher for long-term immigrant (40%) and for Canadian-born seniors (47%). The same gap existed for all types of insurance, although the differences between immigrants and non-immigrants were of smaller magnitude.

Among 55- to 64-year-olds, relatively few recent immigrants had insurance for prescription medications. Some provinces like Québec have universal prescription medication insurance, but in some regions, people have to rely on collective or private plans. In 2003, only 48% of recent immigrants in the 55 to 64 age group were covered by insurance for prescription medications. In contrast, about 82% of the Canadian-born in the 55 to 64 age range had insurance for their medications. As recent immigrants approach the age at which medication costs become increasingly demanding, more than half of them are not covered by insurance.

Immigrant seniors' financial well-being

Many researchers have shown that immigrants landing in Canada during the early 1990s faced more economic difficulties than previous cohorts of immigrants. For instance, compared to the earlier cohorts of immigrants and to Canadian-born citizens of similar age and profile, recent immigrants experienced higher unemployment rates, lower earnings and greater difficulties in matching their qualifications with their employment (Picot and Sweetman, 2005). These realities have potentially important implications for the next generation of immigrant seniors, since well-being in one's sixties and beyond is in many cases influenced by well-being in one's pre-retirement years.

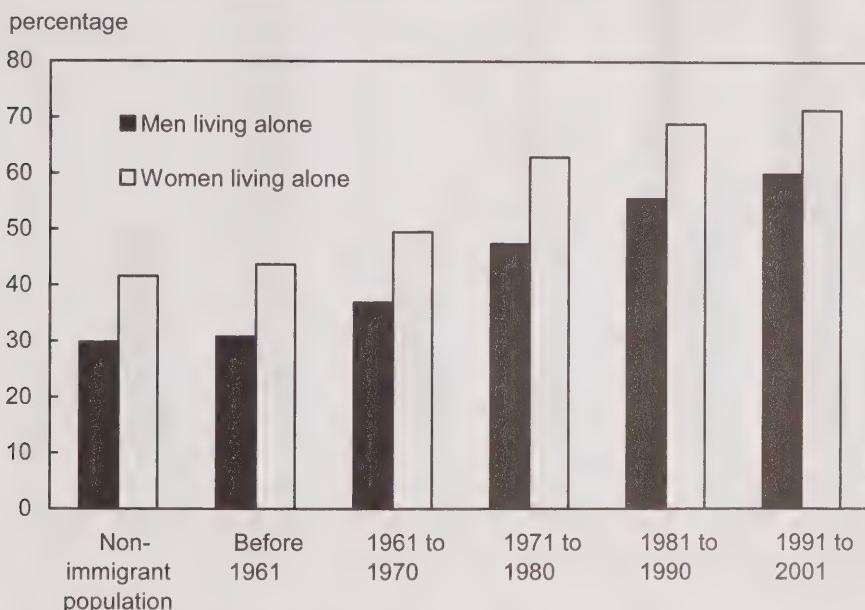
How does the current generation of immigrant seniors, both recent and long-term, fare compared to non-immigrant seniors? In a recent study, Palameta (2004) has shown that mid-term immigrant seniors (those aged 65 and over who had been in Canada from 7 to 16 years) were more likely than Canadian-born seniors to have experienced low income for at least one year in six (based on data from 1993 to 2001). According to this study:

“... mid-term immigrant seniors, having arrived in Canada in their 50s or late 40s, had not had much time to accumulate C/QPP or private pension benefits. Furthermore, those not in Canada for 10 years would not normally be eligible for OAS/GIS. Over 80% of mid-term immigrant seniors whose primary source of family income was pensions or government transfers experienced low income for at least one year, compared with only 15% of Canadian-born seniors and 17% of early immigrant seniors.” (Palameta, 2004: 15).

Data from the 2001 Census of Canada are consistent with the conclusions of that study: immigrant seniors who settled in Canada in 1961 or before were the least likely to be in low income (16%), while the most likely were those who arrived between 1991 and 2001 (24%).

Immigrant seniors who live alone, and particularly women, are much more likely to be in a low-income situation than those who are part of a couple or an economic family. Recent immigrants who live alone are even more likely to live in low income (Chart 7.6). For example in 2000, among female immigrants aged 65 and over who lived alone and who landed in Canada after 1990, 71% were in a low-income situation. In contrast, this was the case for 42% of Canadian-born women living alone. For senior men living alone, the picture was similar: the longer the period of time spent in Canada, the lower the likelihood of living in low income.

Chart 7.6
Percentage of low income among seniors living alone¹, by sex and period of immigration, 2000



1. Living alone corresponds to the concept of unattached individual in Statistics Canada economic family definition.

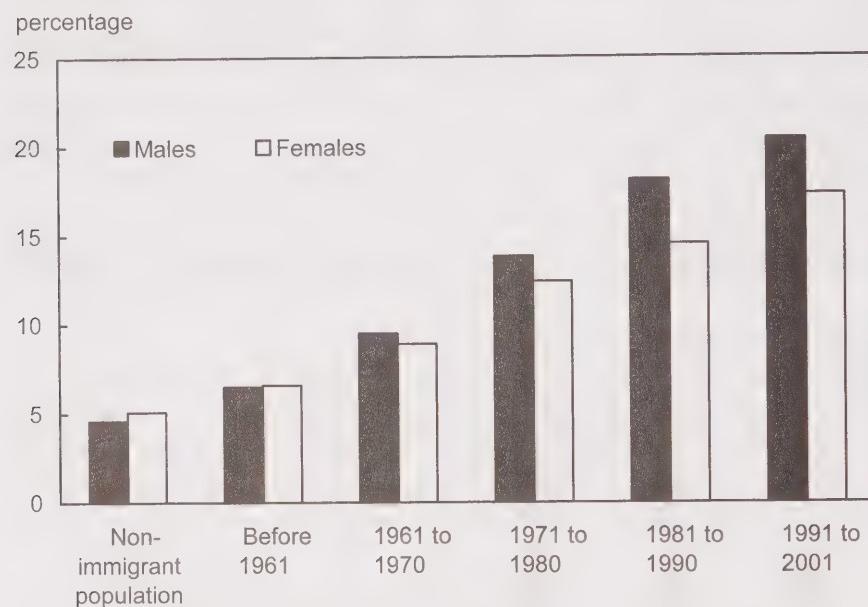
Source: Statistics Canada, Census of Canada, 2001.

It should be noted however, that senior men and women who immigrated recently and live alone represent a somewhat small number of individuals. In 2001, the total number of recent immigrant senior women who lived alone was 7,100 (5,000 of whom were in a low-income situation); this compares to approximately 625,000 Canadian-born women aged 65 and over who lived alone (260,000 of whom were in low income).

That said, recent immigrant seniors who were living in a family were also more likely to be in low income (Chart 7.7). For example, 4.6% of Canadian-born senior men living in a family were in a low income situation in 2000, compared to 20.4% of recent immigrant men.

In the last 20 years, the proportion of senior men and women living in low income has declined significantly (see Chapter 2.2 for more details). However the decline was of lesser magnitude for immigrant seniors than for non-immigrant seniors (Table 7.10). For example, among recent immigrant seniors living in a family, the percentage in low income declined by 11% between 1980 and 2000 (from 19.7% to 17.4%). In contrast, the incidence of low income for Canadian-born seniors living in a family³ fell by 50% during the same period (9.7% in 1980 to 4.8% in 2000).

Chart 7.7
Percentage of low income among seniors living in an economic family, by sex and period of immigration, 2000



Source: Statistics Canada, Census of Canada, 2001.

Security from crime

Seniors are significantly less likely to be victims of a crime than younger people (see Chapter 2.3). In 2004, immigrant seniors were neither more nor less likely to say they had been victims of a crime in the past year than non-immigrants (about 10%).

Part C) Educational attainment, labour market participation and retirement

Immigrant seniors, like non-immigrants, are much more likely to have a post-secondary certificate or university degree than they were 25 years ago (Chart 7.8). Only 15% of long-term immigrant seniors held some form of post-secondary credential in 1981,⁴ by 2001, that proportion had doubled to 30%.

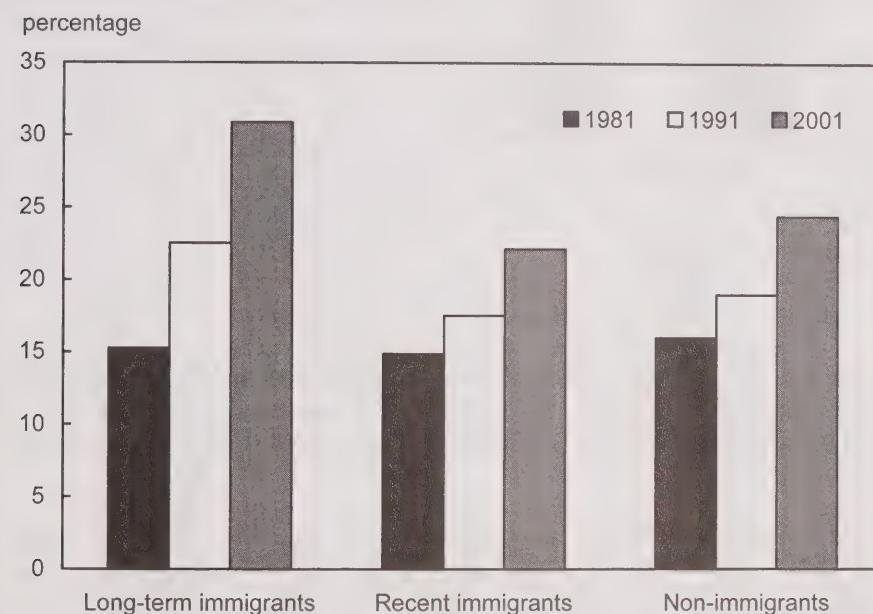
New immigrants entering Canada have, on average, a higher level of educational attainment than Canadian-born people of the same age. For example, 38% of immigrants aged between 25 and 44 and who arrived in Canada between 1991 and 2001 had a university degree in 2001, compared to only 19% of Canadian born in the same age range. However, the situation is somewhat different among most recent immigrant seniors. In 2001, 22% of them had some post-secondary credentials, compared to 24% of Canadian-born seniors. Many recent immigrant seniors have been admitted under the family class category, which does not require any type of qualification in terms of education.

Labour market participation of immigrant seniors

Recent immigrant seniors are somewhat different than long-term immigrants and non-immigrants regarding their labour market participation over their life-course. According to the 2001 Census, 40% of immigrant seniors who came to live in Canada between 1991 and 2001 had never worked for pay (Table 7.11). In contrast, only 12% of non-immigrant seniors were in the same situation.

Chart 7.8

Percentage of seniors with a post-secondary certificate or a university degree, by period of immigration, 1981, 1991 and 2001



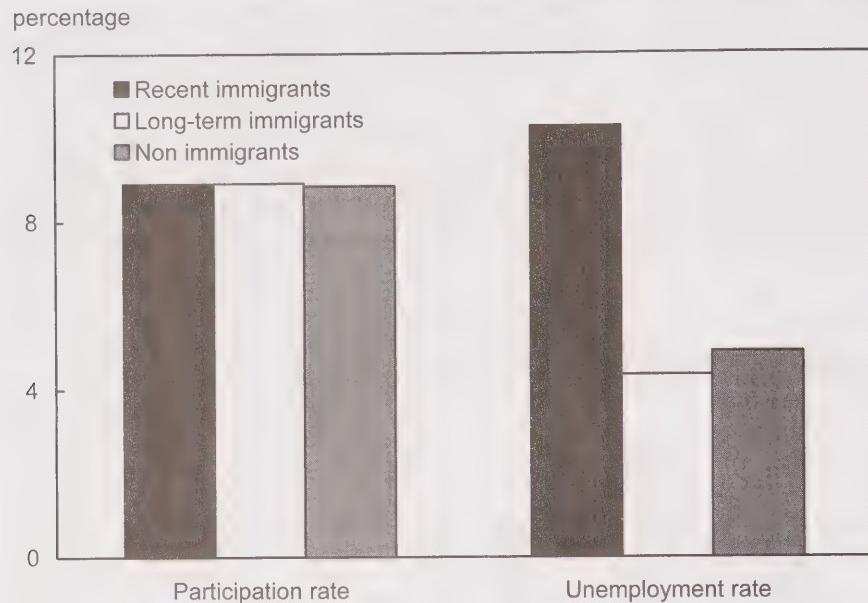
Sources: Statistics Canada, Censuses of Canada.

The difference was more pronounced among men. In 2001, 31% of senior men who immigrated to Canada between 1991 and 2001 had never worked in Canada. That proportion decreased to 10.2% for those who had come to Canada in the 1970s, and to 4.2% among those who had arrived in Canada before the 1960s. However, these proportions do not necessarily indicate that more recent immigrants had never worked in their country of origin.

Participation rates after 65 years of age did not vary much by immigration status. In 2001, recent immigrants were just as likely as long-term immigrants or non-immigrants to be in the labour force. However, recent immigrant seniors in the labour force were not necessarily employed. In 2001,

unemployment rates were significantly higher for immigrant seniors who had come to Canada more recently than for long-term immigrants and non-immigrants (Chart 7.9).

Chart 7.9
Participation and unemployment rates of seniors, by period of immigration, 2001



Source: Statistics Canada, Census of Canada, 2001.

Retirement

Immigrants generally retire later than the Canadian-born. In 2002, the average age at first retirement of recently retired immigrants (those who had retired between 1992 and 2002) was 61.5 years, compared to 59.7 years for non-immigrants. Put differently, about 30% of immigrants retired at 65 years or older, compared to 19% of non-immigrants.

Financial as well as non-financial preparations for retirement are important considerations for near-retirees, as an adequate preparation affects well-being in retirement (Schellenberg, Turcotte and Ram, 2005). There are some indications that among individuals approaching retirement, more recent immigrants are less well-prepared than the Canadian-born.

In Statistics Canada 2002 General Social Survey, near-retirees were asked *"Do you feel that you are adequately preparing financially for your retirement?"*. While 29% of Canadian-born near-retirees believed that their financial preparations were inadequate, this was the case for 45% of those who had immigrated to Canada since 1980. Respondents of the survey were also asked *"At the age that you plan to retire, do you think that your income and investments will be more than adequate, adequate, barely adequate, inadequate or very inadequate to maintain your standard of living?"*. One-half (50%) of immigrants who had arrived since 1980 expected their retirement income to be less than adequate. In contrast, only about one-third (36%) of Canadian-born near-retirees believed so.

Finally, immigrants are more likely to retire involuntarily than non-immigrants (34% versus 25%) and when asked: "compared to the year before you retired, do you enjoy life more, less or about the

same?", immigrants are slightly less likely to report enjoying retirement. Specifically, 17% of immigrants who had retired recently reported that they enjoyed life *less* in retirement, compared to 10% of non-immigrants retirees.

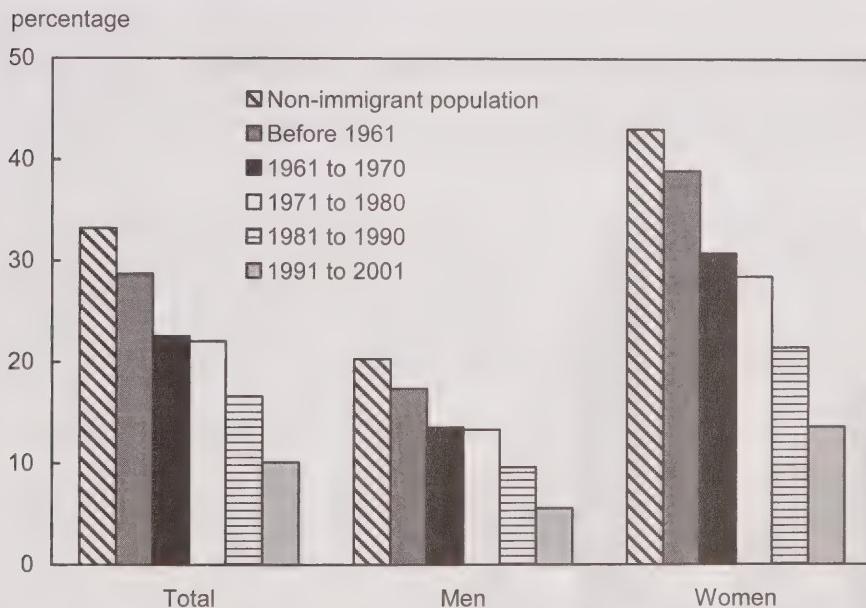
Part D) Supporting and caring in the community

The majority of seniors are not working for pay. However, many of them are active in their communities. This section examines "social capital" indicators, for example participation in organizations, social networks and social support. It documents the extent to which immigrant seniors are more or less involved in these types of activities than Canadian-born seniors. It also presents information about immigrant seniors' living arrangements.

Living arrangements

One of the important distinguishing characteristics of recent immigrant seniors (men and women) is that they are much less likely to live alone than long-term immigrant or Canadian-born seniors (Chart 7.10).

Chart 7.10
Percentage of seniors living alone, by sex and period of immigration, 2001



Source: Statistics Canada, Census of Canada, 2001.

Like the general population, the proportion of seniors living alone is higher in older age groups. But in all age groups, the more recent the period of immigration, the lower the likelihood of living alone (Chart 7.11). One explanation of this situation resides in the fact that many recent immigrant seniors are sponsored by members of their family, with whom they occupy the same housing when they arrive in Canada.

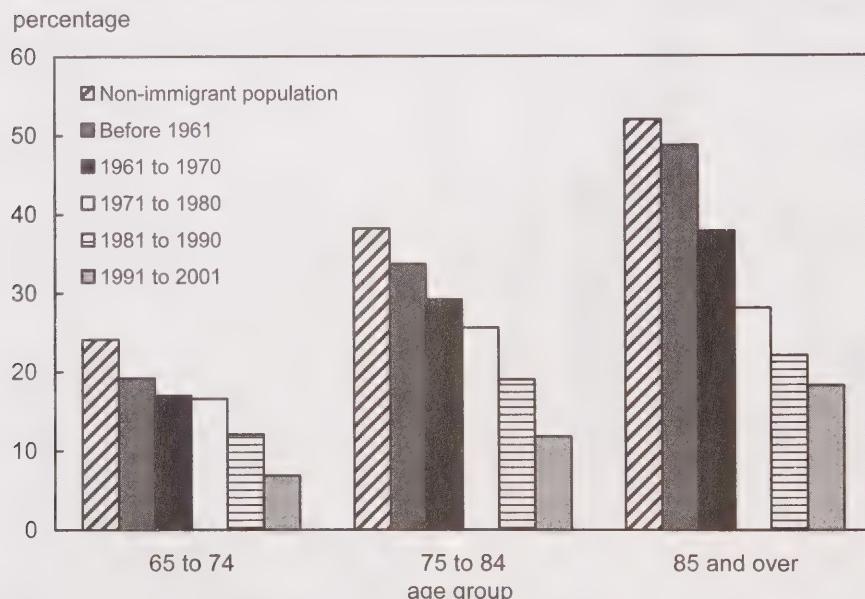
Family

Immigrants, and especially those from non-European cultures, are sometimes perceived to be generally more family-oriented than the Canadian-born. Data from the 2002 Ethnic Diversity Survey provide some support for these perceptions. In that survey, respondents were asked, using a scale from 1 to 5 (where 1 is "not strong at all" and 5 is "very strong"), to rate their sense of belonging to their family. About 63% of recent immigrant seniors rated their sense of belonging to their family as very strong (score of 5), compared to 58% of long-term immigrants and 55% of non-immigrants.

That said, there were only slight differences between immigrant and non-immigrant seniors regarding the number of family members they felt close to, or the frequency with which they saw members of their families.

In 2003, 8% of all seniors said that they had no relative they felt close to. That proportion was no different between immigrants and non-immigrants. And while immigrant seniors were slightly less likely to have seen their family members in the previous month (75% versus 85% of the Canadian-born), they were just as likely to have had telephone contacts with their family members in the last month (91% of all seniors had telephone contacts with their relatives). Some members of immigrant seniors' families might be in other countries, which could prevent seeing them as frequently in person, but not talking with them over the phone.

Chart 7.11
Percentage of seniors living alone, by period of immigration and age group, 2001



Source: Statistics Canada, Census of Canada, 2001.

Social relationships and social networks

Social relationships, including those with family, close friends, neighbours and acquaintances, contribute importantly to well-being, for seniors as for the population in general (see Chapter 4.2). Immigrant seniors who have been in Canada for a long time might have had the chance to develop

their social networks. However, more recent immigrants could have experienced more difficulties in sustaining meaningful social relationships.

A greater proportion of seniors report that they do not have any close friends, that is people who are not their relatives but with whom they feel at ease, can talk to about what is on their mind, or call for help (see Chapter 4.2 for details). However, immigrant seniors are no more likely to be socially isolated than non-immigrant seniors (about 13% of all seniors said that they had no close friends). The same was true for the other (not close) friends that seniors may have: immigrant and non-immigrant seniors were just as likely to say that they have at least one or more of these “other friends”.

Moreover, immigrant seniors are just as likely as non-immigrant seniors to see their friends frequently, and also as likely to meet new people (met in the last month) with whom they intend to stay in contact. In sum, immigrant seniors do not appear to be more socially isolated from friends than non-immigrants.

Care received by seniors suffering from a long-term health condition

In Chapter 4.3, it was highlighted that in 2002, close to one million seniors (945,000) who lived in private dwellings received help because they had a long-term health problem or physical condition that affected their ability to engage in day-to-day activities (26% of all seniors). This percentage varied substantially with age, with 34% of seniors aged between 75 and 84 receiving care for health-related reasons and 60% of seniors aged 85 and over.

Among seniors in the 65 to 74 age range, immigrants were as likely as Canadian-born seniors to receive care because of a long-term health problem. In the 75 and over age group,⁵ long-term immigrants were only slightly less likely to have received care (34%) than the Canadian-born (41%). The percentage of recent immigrants getting such help did not differ significantly from these two groups.

Among immigrant and non-immigrant seniors who received care, the source of that help was not the same in many cases. Recent immigrants who received care were more likely (65%) to be provided exclusively by informal sources (family, spouse, etc.) than Canadian-born and long-term immigrant seniors (44%). This is consistent with the fact that recent immigrant seniors are much less likely to live alone, and that living alone is associated with a reduced likelihood of receiving only informal help.

Social engagement and participation in organizations

According to the 2003 Canadian Community Health Survey, 42% of non-immigrant seniors were members of a voluntary organization, while this was the case for 38% of long-term immigrant seniors and for 23% of recent immigrant seniors.

The sense of belonging to the community is strongly associated with involvement in voluntary organizations or associations. Conversely, involvement in voluntary organizations might enforce the sense of belonging to the community. For example in 2003, 58% of all seniors who said that they had a very strong sense of belonging to their local community were members of a voluntary organization or association. That proportion dropped to 12% among those who said that their sense of belonging to their local community was very weak.

Immigrants, and particularly more recent immigrants, generally have a lower sense of belonging to their local community than Canadian-born seniors. This is understandable since the sense of belonging generally increases with the length of time spent in a community (Schellenberg, 2004b). This can help to explain, at least in part, why immigrant seniors are less likely to be involved in voluntary

organizations. In 2003, only 12% of recent immigrant seniors said that they had a very strong sense of belonging to their local community. In contrast, 21% of long-term immigrant seniors and 27% of non-immigrant seniors expressed a very strong sense of belonging to their local community.

Importance of religion

Seniors are generally more religious than younger persons: they attend religious services more often, they are less likely to report no religious affiliation and they are more likely to report that religion is important in their life than younger persons (see Chapter 5.2 for details).

Immigrant seniors are even more likely to be religious than seniors in general. In the Ethnic Diversity Survey of 2002, respondents were asked to answer, using a scale of 1 to 5 (where 1 is “not important at all” and 5 is “very important”), *how important is your religion to you?*. A majority of seniors reported that religion was “very important” to them, that is they gave the maximum score of 5. But while 55% of Canadian-born seniors said so, this was the case for 58% of long-term immigrant seniors and 63% of recent immigrant seniors.

Chapter 7 Tables

Table 7.1

Place of residence, by immigrant status and period of immigration, 2001

	Toronto	Vancouver	Montreal	Other CMAs ¹	Non-CMA	Total
percent						
Non immigrants	7.3	4.3	11.6	29.6	47.2	100
Immigrants seniors	30.4	11.2	10.7	28.1	19.7	100
Before 1961	24.2	8.1	9.3	32.0	26.3	100
1961 to 1970	32.3	9.2	14.4	27.1	17.0	100
1971 to 1980	35.5	14.7	12.9	23.8	13.0	100
1981 to 1990	40.5	17.0	11.3	22.3	8.9	100
1991 to 2001	45.7	22.1	7.9	18.6	5.8	100

1. A census metropolitan area (CMA).

Source: Statistics Canada, Census of Canada, 2001.

Table 7.2

Knowledge of official languages, by immigrant status and period of immigration, 2001

	English only	French only	English and French	Neither English nor French
percent				
Non-immigrant seniors	65.3	18.7	15.8	0.2
Immigrant seniors	74.2	3.4	7.5	15.0
Before 1961	86.0	2.4	8.0	3.6
1961 to 1970	72.7	4.6	9.9	12.8
1971 to 1980	64.3	5.3	6.9	23.5
1981 to 1990	52.2	4.6	4.7	38.4
1991 to 2001	44.1	2.8	2.9	50.2
Total Immigrants and non-immigrants	67.8	14.3	13.4	4.4

Source: Statistics Canada, Census of Canada, 2001.

Table 7.3

Percentage of seniors who belong to a visible minority group, by immigrant status and province of residence, 1981 and 2001

	Immigrant seniors		Non-immigrant seniors		Total	
	1981	2001	1981	2001	1981	2001
percent						
Canada	6.8	23.1	0.4	0.8	2.3	7.2
Newfoundland and Labrador	5.9	10.9	0.1	0.1	0.3	0.4
Prince Edward Island	1.4	5.2	0.2	0.2	0.3	0.6
Nova Scotia	4.3	7.3	0.6	1.6	0.9	2.1
New Brunswick	2.0	4.1	0.2	0.4	0.3	0.6
Quebec	9.3	18.9	0.2	0.2	1.5	2.9
Ontario	6.4	22.3	0.4	0.9	2.7	9.7
Manitoba	3.1	16.5	0.2	0.5	1.2	3.8
Saskatchewan	1.7	9.2	0.1	0.2	0.6	1.2
Alberta	5.5	25.6	0.4	1.0	2.7	8.0
British Columbia	9.6	30.7	1.0	2.0	4.9	13.4

Sources: Statistics Canada, Censuses of Canada, 1981 and 2001.

Table 7.4

Self-rated health, by immigrant status and age group, 2003

		Excellent/ very good		Good percent	Fair/poor percent
		Recent immigrants ¹	Long-term immigrants ²		
Age 55 to 64					
Recent immigrants ¹		42.4	39.4	39.4	18.2
Long-term immigrants ²		46.0	34.4	34.4	19.6
Non immigrants		50.8	32.0	32.0	17.3
Age 65 and over					
Recent immigrants ¹		28.1	40.6	40.6	31.3
Long-term immigrants ²		35.5	34.6	34.6	29.9
Non immigrants		38.1	36.8	36.8	25.1

1. Immigrants who arrived in Canada in 1981 or after.

2. Immigrants who arrived in Canada before 1981.

Source: Statistics Canada, Canadian Community Health Survey 2003.

Table 7.5**Prevalence of selected chronic conditions¹, by immigrant status and period of immigration, 2003**

	Age 65 and over		
	Recent immigrants ²	Long-term immigrants ³	Non-immigrants
percent			
Arthritis or rheumatism	36.1	47.9	47.8
High blood pressure	49.0	44.6	42.2
Back problems excluding arthritis	19.3	26.4	23.7
Allergies other than food	12.3	21.7	23.4
Cataracts	24.9	20.7	20.8
Heart disease	13.1	18.3	20.7
Thyroid condition	8.9	10.4	13.9
Diabetes	15.2	12.8	13.6
Urinary incontinence	6.4	10.0	11.0
Asthma	5.3	7.6	7.8

1. Selected chronic conditions correspond to the conditions which affected 10% or more of people aged 65 and over in 2003.

2. Immigrants who arrived in Canada in 1981 or after.

3. Immigrants who arrived in Canada before 1981.

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 7.6**Dependence upon other persons for daily activities, by immigrant status, 2003**

	Age 65 and over		
	Recent immigrants	Long-term immigrants	Non-immigrants
percent			
Preparing meals	12.0	9.3	7.1
Getting to appointments and running errands	24.8	18.0	15.7
Doing everyday housework	22.6	17.2	15.2
Heavy household chores	46.4	35.2	35.0
Personal care such as washing, dressing, eating or taking medication	7.3	7.1	5.5
Moving inside the house	3.4	4.2	3.1
Looking after personal finances	18.9	9.9	7.6

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 7.7

Percentage of persons who smoke, by immigrant status and age group, 2003

	Daily smoker	Occasional smoker	Former smoker	Never smoked
percent				
Age 55 to 64				
Recent immigrants	12.6	2.0	30.8	54.6
Long-term immigrants	11.3	2.5	47.7	38.5
Non-immigrants	18.4	2.8	56.0	22.8
Age 65 and over				
Recent immigrants	6.3	1.4	29.1	63.3
Long-term immigrants	6.9	1.3	51.1	40.7
Non-immigrants	10.2	1.7	56.8	31.4

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 7.8

Frequency of medical consultations in the past 12 months, by immigrant status and age group, 2003

	Recent immigrants	Long-term immigrants	Non-immigrants
percent			
Age 55 to 64			
0 visit	12.0	12.6	14.1
1-2 times	25.7	33.0	33.6
3-5 times	36.1	27.7	27.6
6-11 times	17.3	17.0	15.3
12 and more	9.0	9.7	9.5
Age 65 and over			
0 visit	6.0 ^E	8.8	10.0
1-2 times	17.4	25.8	27.6
3-5 times	35.7	30.6	31.3
6-11 times	23.7	19.6	18.0
12 and more	17.1	15.3	13.2

^E use with caution

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 7.9**Percentage of individuals covered by insurance, by immigrant status and age group, 2003**

	Recent immigrants	Long-term immigrants	Non-immigrants
		percent	
Age 55 to 64			
Prescription medications	48.1	76.5	81.7
Dental expenses	35.9	62.5	56.0
Eye glasses/contact lenses	29.8	55.7	54.9
Hospital charges	30.4	61.8	66.5
Age 65 and over			
Prescription medications	66.3	76.8	79.6
Dental expenses	14.0	30.6	29.4
Eye glasses/contact lenses	13.6	33.1	35.8
Hospital charges	14.4	39.9	46.8

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Table 7.10**Percentage of seniors in low income, by economic family status, period of immigration and sex, 1980, 1990 and 2000**

	Economic family seniors				Unattached seniors			
	1980	1990	2000	Percent change 1980 to 2000	Percent change			
					1980	1990	2000	1980 to 2000
percent								
Total								
Canadian-born	9.7	8.0	4.8	-50	53.9	39.1	38.5	-29
More than 20 years	11.1	10.0	8.1	-27	60.8	43.4	43.3	-29
20 years or less	19.7	23.1	17.4	-11	73.9	66.4	66.8	-10
Males								
Canadian-born	10.1	7.9	4.6	-54	47.8	32.1	29.8	-38
More than 20 years	11.6	10.2	8.1	-30	50.9	34.5	33.7	-34
20 years or less	23.1	26.3	19.3	-17	60.0	57.1	57.2	-5
Females								
Canadian-born	9.2	8.0	5.1	-45	55.8	41.4	41.6	-25
More than 20 years	10.5	9.7	8.1	-23	64.5	46.7	47.1	-27
20 years or less	17.3	20.7	15.9	-8	77.0	68.9	69.8	-9

Sources: Statistics Canada, Censuses of Canada, 1981, 1991 and 2001.

Table 7.11

Proportion of older Canadians who had never worked, by immigrant status and length of residence in Canada, 2001

	Age 55 to 64	Age 65 and over
	percent	
All		
Non immigrants	4.4	11.9
More than 40 years	3.6	9.7
31 to 40 years	3.7	10.8
21 to 30 years	3.9	20.8
11 to 20 years	9.8	33.7
10 years or less	23.0	40.1
Men		
Non immigrants	1.7	4.8
More than 40 years	1.0	4.2
31 to 40 years	1.3	4.5
21 to 30 years	1.3	10.2
11 to 20 years	3.5	20.9
10 years or less	11.5	30.5
Women		
Non immigrants	7.1	17.3
More than 40 years	6.2	14.6
31 to 40 years	6.0	16.6
21 to 30 years	6.8	28.7
11 to 20 years	15.7	42.6
10 years or less	32.3	47.4

Source: Statistics Canada, Census of Canada, 2001.

Endnotes

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- 1 Area consisting of one or more adjacent municipalities situated around a major urban core. To form a census metropolitan area, the urban core must have a population of at least 100,000.
 - 2 In 1981, there were 24 Census Metropolitan Areas compared to 27 in 2001. This explains part of the increase in the percentage of the population living in CMAs.
 - 3 Source: Statistics Canada, Ethnic Diversity Survey, 2002.
 - 4 In that particular context, long-term immigrant seniors are those who, in 1981, had settled in Canada in 1960 or sooner.
 - 5 Because the sample was not large enough, it was not possible to break down the immigrant senior population into the two categories used in chapter 4.3, i.e. 75 to 84 and 85 and over.

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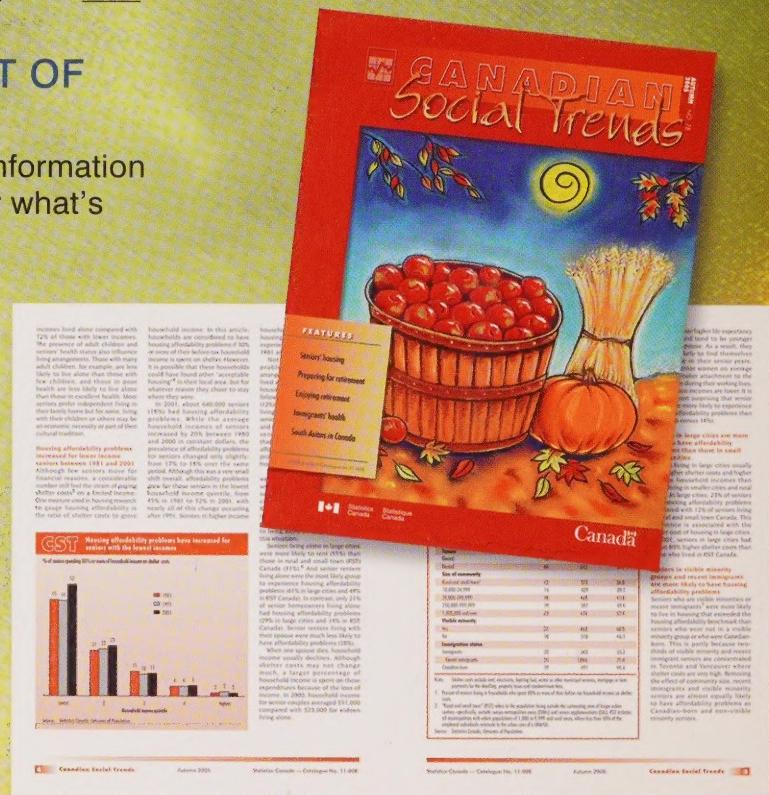
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